



**CLARENCE SOCCER CLUB / WNY TRAVEL LEAGUE
PARENT QUESTIONNAIRE**



Coach's Name: _____	Age Group: _____
----------------------------	-------------------------

The Clarence Soccer Club is committed to improving the level of play and the experience of the Clarence youth playing Travel Soccer. The quality of Coaching is extremely important to us as well as other aspects of the team organization. In order to make improvements in these areas we need your input.

Please complete the following questionnaire using these rating codes:

3 - Very Good 2 - Good 1 - Marginal 0 - Needs Improvement

COACH'S EVALUATION

- ___ Your Child's experience during the season
- ___ Team practices were organized
- ___ Team practices were scheduled at least weekly
- ___ Coach demonstrated solid knowledge of soccer
- ___ Coach demonstrated the ability to teach new skills
- ___ Coach paid attention to safety issues, equipment and playing conditions
- ___ Coach paid attention to the physical conditioning of players
- ___ Coach never belittled a player, screamed or otherwise used an inappropriate tone of voice
- ___ Coach listened and accepted input from his/her players and their parents
- ___ Coach gave everyone a chance to play
- ___ Coach didn't let winning become too important
- ___ Coach respected the Players, Officials, Opponents, rules of game and taught players to do the same
- ___ Coach tried to make soccer fun
- ___ Coach's commitment to the Team
- DO YOU THINK THAT THIS COACH SHOULD BE ASKED BACK TO COACH? (yes/no) _____**

TEAM PLACEMENT

- ___ My child's Team played at an appropriate level of competition compared to skill level of other teams

TEAM ORGANIZATION

- ___ Team Administration (i.e. Game Reports, Snack Schedule, Field Location directions, Car Pool)
- ___ Team Communication (i.e. E-mails, Telephone Tree, Announcements)

FAMILY COMMITMENT

- ___ Our child attended practice regularly
- ___ Our child attended the games regularly
- ___ At least one parent volunteered for club activity (i.e. Soccer Center opening, CSC Tournament)

TRAINING PROGRAM CONDUCTED BY TRAINERS (if applicable)

- ___ The Team Training helped improve my child's skill level and level of play.
- ___ The Team Training helped to improve my child's TEAM's level of play.
- ___ The Team Training was worthwhile.

TRAVEL PROGRAM ORGANIZATION

- ___ Registration process is organized
- ___ Try-outs are well organized
- ___ Try-outs are conducted fairly
- ___ The Travel Program Organization is responsive to issues or problems raised

PLEASE USE THE BACK OF THIS FORM FOR ADDITIONAL COMMENTS.



Please mail your completed questionnaire to:
MICHELE LETINA, Clarence WNY Travel Director
28 Rockland Avenue
Clarence, NY 14031



Please understand that the WNY Committee holds the questionnaire responses in strictest confidence. At NO TIME will a coach be shown a specific evaluation. Poor evaluations will be reviewed by the WNY Committee for corrective action. Should you have any other questions or concerns, please feel free to email me at mletina@msn.com.