



Coaching Evaluation Form

Monroe Sports Association



The Board of Trustees is asking for a few minutes of your time to complete this evaluation on your child's coach this season. Your response will be kept anonymous unless you check that you want to be contacted by your child's league director at the end of this form. Please follow the instructions on how to return this form at the bottom. Thank you for your time and effort in helping us make this a successful program.

Please circle your child's division:

Girls TeeBall U8 U10 U12 U14

Boys TeeBall CP C B A

Team Name _____

Head Coach _____

Please keep in mind that this evaluation is for your Child's Head Coach only, please feel free to use the comment section below to elaborate on any other individuals or issues that you would like to inform the Board of Trustees of.

- Did your child enjoy playing Baseball or Softball this year? Y / N
- Do you feel that your child's coach used a positive and fair attitude? Y / N
- Do you feel that your child's coach rewarded your child with effort not just results? Y / N
- Do you feel that your child's coaching style was appropriate at this level? Y / N
- Do you feel that your child was treated fairly in regards to playing time? Y / N
- Would you want your child to be coached by this Head Coach again? Y / N

Use the following scale 1 = poor, 2 = fair, 3 = average, 4 = good, 5 = very good

How would you rate your coach's organization skills? 1 2 3 4 5

How would you rate your coach's communication skills? 1 2 3 4 5

Comment Section

What changes/improvements to the Organization would you like to see?

Please return to designated Team Parent (**NOT coach**) OR Board Member OR mail to: Monroe Sports Association, PO Box 183, Monroe, OH 45050.

This form also can be downloaded from www.monroesports.net and returned.

If you would like to be contacted by commissioner, please include contact information on form.