



# River Falls Wildcat Soccer



## Soccer Coach Evaluation Form

Coaches Name: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

Our coaches are continually striving to improve their skills in order to provide the best they can for our children. Please take a few moments to fill out this questionnaire.

The numbered ratings are as follows:

**1 = poor; 2 = needs improvement; 3 = satisfactory; 4 = pretty good; 5 = excellent.**

If the question does not apply or you do not know, please leave blank and do not guess.

Comments are appreciated; please make notes on back of this form.

- |   |           |
|---|-----------|
| 1. Does your son/daughter look forward to practices?  | 1 2 3 4 5 |
| 2. Does the coach give your son/daughter specific areas to improve upon?                              | 1 2 3 4 5 |
| 3. Does the coach make practices fun for the players?   | 1 2 3 4 5 |
| 4. Does your son/daughter feel good about their practices when they leave?                            | 1 2 3 4 5 |
| 5. Is the coach approachable by both players and parents?   | 1 2 3 4 5 |
| 6. Does the coach motivate your son/daughter in a positive manner?                                    | 1 2 3 4 5 |
| 7. Does the coach promote team cohesiveness and good sportsmanship?                                   | 1 2 3 4 5 |
| 8. Does your son/daughter show a pattern of improvement?  | 1 2 3 4 5 |
| 9. Does the coach conduct him/herself in a professional manner at all games?                          | 1 2 3 4 5 |
| 10. Does the coach communicate well with players and parents?   | 1 2 3 4 5 |
| 11. Do you feel that overall the coach has made your son/daughter's soccer experience a positive one? | 1 2 3 4 5 |
| 12. Overall, how would you rate your son/daughter's coach?  | 1 2 3 4 5 |

Comments may be noted on reverse of this form. They will be shared *ANONYMOUSLY* with the coach as appropriate.

Parent or Player name (Optional): \_\_\_\_\_