Coaching Evaluation Sheet – Parental Feedback

Please answer the following questions honestly. This will help improve the programme for the long-term benefit of all involved.

1 – Strongly Agree, 2 – Agree, 3 – Unsure (please provide reason why) 4 – Disagree, 5 – Strongly disagree

School /Club Name		**Year/Age Group(s) coached**	
What time did your session run from		**How many sessions did each group have?**	

Criteria	**Score 1 - 5**	**Additional Comments**
The information about the sessions was received in good time and the coach prior to the first session made contact.		
The session were planned and delivered to enable progression of skills for the participants		
The coach arrived ready to start sessions at the agreed time.		
The coach explained safety factors to all those involved.		
The coach maintained good control of the group.		
The manner in which the coach delivered the session		
The time and venue were suitable for the activity		
The children had ample time to learn and develop their skills		.
The sessions were inclusive for all participants		
The children seemed to improve over the course of the sessions.		
The children enjoyed the sessions.		

I think the activity could be improved by

1.
2.
3.
4.

Please make any additional comments that you wish to pass on the coach or administrators of the programme.	

Thank you for completing this form.
This information will be used to provide evidence for monitoring, evaluation and shape the future of the project.