

Sports Coaching Feedback Form

Coach and Training Information

Coach's Name: _____

Sport/Activity: _____

Date of Coaching Session: _____

Training Duration: _____

Skill Level: Beginner Intermediate Advanced

Performance Evaluation

Aspect of Coaching	Very Effective	Effective	Neutral	Needs Improvement	Ineffective
Provided clear and actionable instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivated and encouraged athletes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped improve technique and performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Offering personalized feedback and corrections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fostered a positive team environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensured safety and injury prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managed practice sessions efficiently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set achievable training goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Athlete Feedback

What did you enjoy most about the coaching session?

What could be improved?

Athlete Information

Full Name: _____

Signature: _____

Date: _____