

# Portage Soccer Club - Coach Evaluation Form

Please complete this **confidential** form with your child and return to one of the addresses below. Information obtained from these forms may be summarized and shared with the coach at the discretion of the coaching director. Please return the completed form (via conventional mail or e-mail) to:

Mark Murry                      [murrymark999@yahoo.com](mailto:murrymark999@yahoo.com)                      5611 W. Heverly Dr., Portage, MI 49024  
 Or send to your Parent Representative or any PSC Board Member who will print the form without your email address or any trace of the envelope you sent it in and forward the anonymous form to Mark.

Coach's Name \_\_\_\_\_ Age Group: U- \_\_\_\_\_ Boys  Girls

**A. Please indicate whether or not you Agree, Disagree, or Don't Know about the following statements (check one for each line):**

	<u>Agree</u>	<u>Disagree</u>	<u>Don't know</u>
My child had fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Child played at least 1/3 of each game he/she attended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching was focused on player development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The coach was positive with players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The coach exhibited good sportsmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practices were well organized and effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The coach was punctual and regularly attended practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any additional comments/clarification that you would like to make  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. How much did the coach work on the following technical/tactical fundamentals (check one)?:**

	<u>Most of the time</u>	<u>Sometimes</u>	<u>Never</u>	<u>Do not know</u>
<b>Technical</b> (passing/heading/dribbling etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tactical</b>				
How to play on offense/defense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set plays (Corner kicks etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other \_\_\_\_\_

What did you like the most about the coach? \_\_\_\_\_

What would you like to see the coach work on improving the most? \_\_\_\_\_

What was the most enjoyable part of practice? \_\_\_\_\_

What was the least enjoyable part of practice? \_\_\_\_\_

**Overall how would you rate the coach (check one)?:**

**Outstanding**    **Very Good**    **Good**    **Satisfactory**    **Disappointing**    **Unacceptable**  
                                                                                                             

(If you answered Disappointing or Unacceptable, please elaborate) \_\_\_\_\_

*Thank you for taking some of your time to help improve PSC coaching*