

Perth Lanark Minor Hockey AssociationCOACH & TEAM STAFF EVALUATION

| TEAM | | | | | | | | |
|---|-------|-----|-----|--------------|-----|-----------|----------------|--|
| PLAYER | _ | | | | | | | |
| PARENT | | | | | | | | |
| Section 1 – Coach & Team Staff (To be | cor | omp | | oleted by t | | | he player) | |
| Rating: 1 = Unsatisfactory 2 = Below Average 3 = A | verag | ge | 4 = | = A ì | bov | e Average | 5 = Outstandin | |
| Enjoyment of being a part of this team this season | 1 | 2 | 3 | 4 | 5 | | | |
| Fair ice time over the of season | 1 | 2 | 3 | 4 | 5 | | | |
| Your personal hockey skills development | 1 | 2 | 3 | 4 | 5 | | | |
| Your team members development over the season | 1 | 2 | 3 | 4 | 5 | | | |
| Quality of practices | 1 | 2 | 3 | 4 | 5 | | | |
| Attitude of your team | 1 | 2 | 3 | 4 | 5 | | | |
| Attitude of Coaches | 1 | 2 | 3 | 4 | 5 | | | |
| Rating for your Head Coach | 1 | 2 | 3 | 4 | 5 | Name | | |
| Rating for your Asst. Coach | 1 | 2 | 3 | 4 | 5 | Name | | |
| Rating for your Asst. Coach | 1 | 2 | 3 | 4 | 5 | Name | | |
| Rating for your Trainer | 1 | 2 | 3 | 4 | 5 | Name | | |
| What was your favorite activity in practices? | | | | | | | | |
| Would you like to play for these coaches in the future? | _ | | | | | | | |
| Any additional comments you would like to make. | | | | | | | | |
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| | | | | | | | | |

Section 2 - Coach & Team Staff

(To be completed by the parents of the player)

| Rating: 1 = Unsatisfactory 2 = Below Average | 3 = | = A | ver | age | 4 | i = Above Average | 5 = Outstanding |
|--|----------|------|------|-----|------|-------------------|-----------------|
| Organization of practices | 1 | 2 | 3 | 4 | 5 | | |
| Conduct of Coaches during games | 1 | 2 | 3 | 4 | 5 | | |
| Conduct of players during games | 1 | 2 | 3 | 4 | 5 | | |
| Tournaments – Quantity & Quality | 1 | 2 | 3 | 4 | 5 | | |
| Individual skill development (your child) | 1 | 2 | 3 | 4 | 5 | | |
| Team development | 1 | 2 | 3 | 4 | 5 | | |
| Fair ice time over course of season | 1 | 2 | 3 | 4 | 5 | | |
| Team Discipline | 1 | 2 | 3 | 4 | 5 | | |
| Rating for your Head Coach | 1 | 2 | 3 | 4 | 5 | Name | |
| Rating for your Asst. Coach | 1 | 2 | 3 | 4 | 5 | Name | |
| Rating for your Asst. Coach | 1 | 2 | 3 | 4 | 5 | Name | |
| Rating for your Trainer | 1 | 2 | 3 | 4 | 5 | Name | |
| Rating for your Manager | 1 | 2 | 3 | 4 | 5 | Name | |
| Would you like to see this coaching staff working | | | | | iyer | s again? | |
| Additional comments / suggestions you would lik | :e to | o m | | 9. | | | |
| Please list other questions that should be on this | s e\ | /alı | uati | on. | | | |
| | | | | | | | |

PLEASE RETURN FORM.

Drop off completed form in the brown box at the Perth Arena or email completed form to President at plmha.president@gmail.com