

TCHS Post-Season Parent Evaluation

Sport/Level: _____ Girl Boy Coach: _____

To the best of your ability, please provide us with feedback regarding your observation of your athlete's experience this season. If you choose to sign your name, please be assured that your identity will be confidential and known only to the athletic director. The coach will receive a summary of all parent evaluations but will not be informed of your name or who has responded.

Please return to: Jim Woudstra, Athletic Director @ Timothy Christian HS

I. Evaluate the degree to which you observed change in your child:

1 = Improved/Increased 2 = No Change 3 = Declined/Decreased DK = Don't Know

- _____ A. Physical fitness
- _____ B. Skill/Performance
- _____ C. Cooperation
- _____ D. Self-confidence
- _____ E. Leadership skills
- _____ F. Sportsmanship
- _____ G. Initiative
- _____ H. Competitiveness
- _____ I. Integration of faith and athletics
- _____ J. Desire to continue this sport

II. How did the coach perform in the following areas?

1 = Excellent 2 = Satisfactory 3 = Poor DK = Don't Know

- _____ A. Treatment of my child
- _____ B. Perspective toward winning
- _____ C. Organization of details
- _____ D. Communication with me
- _____ E. Effectiveness of teaching the sport
- _____ F. Encouragement of my child
- _____ G. Held my child's respect
- _____ H. Modeled faith through the sport

III. How would you rate your child's experience this season from 1-5 (1 being best, 5 being worst)? _____

IV: Highlight positive experiences from this year that we can work to reinforce and encourage next year:

V: Identify areas that we can review to improve the athletic program at TCHS:

Name _____ Date _____