

Holy Trinity Athletic Association Postseason Parent Evaluation Form

Sport _____ Coach _____ Family Name _____

A. Evaluate the degree to which you believe your son/daughter achieved the following:

	Very much	Somewhat	Not at all
My child had fun.			
My child learned the fundamentals of the sport.			

B. Evaluate the degree to which you believe your child changed on the following characteristics:

	Improved	No change	Declined	Don't know
Physical fitness				
Learning to cooperate				
Self-confidence				
Desire to continue to play this sport				
Development of self-reliance				
Learning specific skills of this sport				
Leadership abilities				
Sportsmanship				
Development of initiative				
Learning to compete				

C. Evaluate how the coach did on the following items:

	Excellent	Good	So-so	Weak	Poor	Don't know
Treated your child fairly						
Kept winning in perspective						
Took safety precautions						
Organized practice and games						
Communicated with you						
Was effective in teaching skills						
Encouraged your child						
Recognized your child as an individual						
Held your child's respect						

D. Please give any additional comments, including constructive criticism or praise you want to offer on the back of this page. Thank you. Please return this form to the office in an envelope marked ATHLETIC ASSOCIATION.