

SKY HIGH COACHES
EVALUATION FORM

(Please use this form to give us feedback on a coach. Please mail to the attention of Scott Harris or leave in the drop box located on his office door in Crystal Lake.)

Coach Name: _____ **Date:** _____

Team: _____ **Parent/Player Name:** _____

Practice Site: _____ **Parent Email/Phone:** _____

(Rate each category 1 – 10. 1 = Unacceptable, 5 = Fair, 10 = Outstanding)
Write a few words regarding the coach in each category.

Professionalism/Appearance: _____

Knowledge of the Game: _____

Ability to Teach Skills/Technique: _____

Ability to Coach in Game Situation: _____

Dependability: _____

Communication: _____

Ability to Motivate: _____

List the strengths of this coach: _____

List the weaknesses of this coach: _____

General Comments: _____

Parent/Player Signature: _____

WOULD YOU LIKE TO BE CONTACTED BY THE DIRECTOR? _____

