LYSA
Coach Evaluation Form

Coach Name:

_____

Season:

_____

Please circle the appropriate answer:

A. Did your child have fun? **Yes** **No**

B. Has your child's soccer skills improved? **Yes** **No**

C. Rate your child's coach in the following areas:

	Poor Excellent				
1. Treated your child fairly	**1**	**2**	**3**	**4**	**5**
2. Kept winning in perspective	**1**	**2**	**3**	**4**	**5**
3. Took safety precautions	**1**	**2**	**3**	**4**	**5**
4. Organized practices	**1**	**2**	**3**	**4**	**5**
5. Communicated with you	**1**	**2**	**3**	**4**	**5**
6. Was effective in teaching skills	**1**	**2**	**3**	**4**	**5**
7. Encouraged your child	**1**	**2**	**3**	**4**	**5**

		Poor				Excellent
D.	**Overall Coach's Rating:**	**1**	**2**	**3**	**4**	**5**

E. Additional Comments:

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