



COACHES EVALUATION 2009 SEASON (Optional)

Dear Parent or Guardian:

Please help us by taking the time to complete this evaluation of your child's coach. Your opinions are important to both your child's future and the future of Northwest Oaks Youth Soccer Club.

TEAM NAME: _____ AGE GROUP: _____

Coach's name: _____ Asst. Coach's: _____

Number of years your child has played soccer: _____ Years with NOYSC: _____

Excellent=5, Above Average=4, Average=3, Fair=2, Poor=1

Coach's apparent knowledge of the game:	5	4	3	2	1
Positive attitude presented to the players:	5	4	3	2	1
Communication with players:	5	4	3	2	1
Communication with parents:	5	4	3	2	1
Was the coach in control of the team/game?	5	4	3	2	1
Was the number of practices adequate?	5	4	3	2	1
Were administrative duties (Schedules, Rosters, Etc.) Well handled?	5	4	3	2	1
How would you rate your child's experience this season?	5	4	3	2	1

Would you want this person to coach your child again? _____

What were this person's strengths? _____

What were their areas for improvement? _____

Additional comments (attach an additional page if needed): _____

Please return this survey to the Northwest Oaks Youth Soccer Club Board of Directors at 1415 Fulton Rd #205-C232, Santa Rosa, CA, 95403 by 11/31/08.