Marathon County Youth Hockey Association Coaching Evaluation Form:

**Parent Evaluation Form of Coach**

Team: \_\_\_\_\_\_\_\_\_\_\_\_ Team Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name: (optional): \_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name/Position (optional): \_\_\_\_\_\_\_\_\_\_\_\_

**This evaluation form is read and reviewed by the MCYH Board of Directors. The purpose of the form is to help us determine future coaching positions and to use your suggestions to help improve our Association which includes our coaches. Please answer each question as honest and truthfully as possible with a rating of 1 to 4 (where appropriate) with 1 being the highest and 4 being the lowest.**

Head Coach:­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Asst Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4th Asst Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Asst Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd Asst Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coaching Questions – place 1 – 4 (1 being highest and 4 lowest) in box for respective coach as listed above:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **As a Leader**: | Head | 1st | 2nd | 3rd | 4th |
| Communicates and interacts effectively with Players |  |  |  |  |  |
| Communicates and interacts effectively with Parents |  |  |  |  |  |
| Respectful of officials and opposing teams |  |  |  |  |  |
| Has control during games and practices |  |  |  |  |  |
| Encourages team play |  |  |  |  |  |
| Is at all games |  |  |  |  |  |
| Knowledge of game and rules of hockey |  |  |  |  |  |
| Appropriate language used by the coaches |  |  |  |  |  |
| Establishes team and individual conduct guideline and is consistent in the administration of such principles |  |  |  |  |  |
| Utilized safety precautions |  |  |  |  |  |
|  |  |  |  |  |  |
| **As a Teacher**: |  |  |  |  |  |
| Uses positive reinforcement to develop desired behaviors (e.g. Coach was generous with praise and set a good example) |  |  |  |  |  |
| Coach is helpful on the ice and encourages players to do their best |  |  |  |  |  |
| Coaches did ridicule or yell at athletes for making mistakes or for performing poorly |  |  |  |  |  |
| Has ability to teach players new skills |  |  |  |  |  |
| Promotes an environment of respect on team |  |  |  |  |  |
| Helped players learn and improve on skill development |  |  |  |  |  |
| Helped players improve their character development (e.g. self confidence, initiative, team player, motivation) |  |  |  |  |  |
| Established team goals |  |  |  |  |  |
| Established individual goals for each player |  |  |  |  |  |
|  |  |  |  |  |  |
| **As an Organizer**: |  |  |  |  |  |
| Coach communicates well with other coaches |  |  |  |  |  |
| Plans effective practices |  |  |  |  |  |
| Attends to details |  |  |  |  |  |
| How would you feel about your child playing for this coach next season? |  |  |  |  |  |
| Comes prepared for practices and games |  |  |  |  |  |
| Is reliable and prompt |  |  |  |  |  |
| Utilized ice time effectively/efficiently |  |  |  |  |  |
|  |  |  |  |  |  |
| **Coaches Overall Rating** |  |  |  |  |  |
|  |  |  |  |  |  |
| **General Questions** |  |  |  |  |  |
| Did all your players get even ice time during season games, Tournaments and Playoffs? | Yes | No |  |  |  |
| Does the coach have prepared practice plans? | Yes | No |  |  |  |
| Did your child learn something about the game of hockey by playing for these coaches? | Yes | No |  |  |  |
| Did your child have fun with these coaches this season | Yes | No |  |  |  |
| Can you see a difference in your child’s ability from the beginning if the season to the end by having this head coach?  Please elaborate below if you would like to do so. | Yes | No |  |  |  |
|  |  |  |  |  |  |

Additional comments about your coaches:

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| --- |
|  |

If I could select a coach for my child next year it would be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Because:

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| --- |
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