

Season: \_\_\_\_\_ Date: \_\_\_\_\_

## SILVER BULLETS COACHING EVALUATION

The Silver Bullets Softball Board is asking for your assistance in promoting an environment that encourages sportsmanship, competition, and fun while acquiring some knowledge of the game. As parents, you can provide a unique perspective on the strengths and improvement opportunities of our coaches.

Age & Level of Play: \_\_\_\_\_  
 Head Coach Name: \_\_\_\_\_ Asst. Coach #1: \_\_\_\_\_  
 Asst. Coach #2: \_\_\_\_\_ Asst. Coach #3: \_\_\_\_\_

Please rate each coach on the following characteristics, taking into account the level of play. Place a number for each statement based on the following scale: 4=Excellent, 3=Good, 2=Adequate, 1=Poor

Characteristic	Head Coach	Asst #1	Asst #2	Asst #3
Displays knowledge of the rules and skills				
Understands team strategy				
Works on developing ALL players				
Creates enthusiasm and proper attitude				
Has realistic expectations of athletes				
Provides a positive learning experience				
Well organized & prepared for games/practices				
Interacts well with athletes				
Displays good sportsmanship				
Communicates effectively and positively				
Contributes to a good overall player experience				

Would you recommend they coach again? Y/N				
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Has your athlete's skill level improved this season? \_\_\_\_ Yes \_\_\_\_ No

Has the teams' play improved this season? \_\_\_\_ Yes \_\_\_\_ No

Please explain: \_\_\_\_\_ (continue on back)

Additional comments (including tryout format, facilities, etc.): \_\_\_\_\_

\_\_\_\_\_ (continue on back)

Your name (optional): \_\_\_\_\_ May we contact you? If so, phone #: \_\_\_\_\_

Please place this form in a sealed envelope and turn in to your team parent. The team parents have been instructed to collect a form from every family and turn in the entire set.