

## COACHES EVALUATION

**(Please List all)**

COACHES NAME : \_\_\_\_\_

TEAM : \_\_\_\_\_

RATING GUIDE
1 - 2 - 3 - 4 - 5
1 = LOWEST
5 = HIGHEST

**HC = Head Coach, A-1,2,3,4 = Assistant coaches**

ATTRIBUTES	HC	A-1	A-2	A-3	A-4
<b>Coaches Initials</b>					
LEADERSHIP					
ATTENDANCE / PUNCTUALITY					
FAIRNESS TOWARDS PLAYERS					
COACHING ABILITY					
SAFETY PRACTICES					
UTILIZATION OF PRACTICE TIME					
COMMUNICATION SKILLS					
ATTITUDE TOWARDS CONSTRUCTIVE CRITICISM					
OVERSIGHT OF LOCKER ROOM ACTIVITY					
KNOWLEDGE OF THE GAME					
OVERALL PERFORMANCE THIS SEASON					

Did the coach make an effort for off ice education :

Yes / No / Not Enough

Did the coach take team to any tournaments :

Yes / No / Not Enough

Did the coach hold a team meeting early in the season :

Yes / No / Not Enough

**SUGGESTIONS :**


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**COMMENTS :**


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 (Sign & Date)

(THIS FORM MUST BE SIGNED IN ORDER FOR IT TO BE ADDRESSED OR CONSIDERED)