**Player Evaluation of Coach(es) and Season**

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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Head | 1st | 2nd | 3rd | 4th |
| 1. Did you enjoy being on the hockey team? |  |  |  |  |  |
| 2. Did you learn more about hockey? |  |  |  |  |  |
| 3. Did your hockey skills improve? |  |  |  |  |  |
| 4. Are you planning to tryout for a hockey team  next year? | YES | NO | MAYBE |  |  |
| 5. What was your favorite activity in practices? |  |  |  |  |  |
| 6. What was your least favorite activity in practices? |  |  |  |  |  |
| 7. Did you think playing time was fair?  How could it have been better? |  |  |  |  |  |
| 8. Did you think it was OK to ask questions? |  |  |  |  |  |
| 9. What would you change to help next year’s |  |  |  |  |  |
|  |  |  |  |  |  |