



Shelburne Minor Hockey Association Season Evaluation 2009-2010

Date: _____

Division (circle one) Local League Rep

Age Group (circle one) Mite Tyke Novice Atom Peewee Bantam Midget

Coaches

Name(s) _____

Please answer the following questions with a rating or an answer:

Rating Scale: (1)Poor(2)Fair (3)Good (4)Very Good (5) Excellent

SMHA EXECUTIVE:

1. How satisfied are you with this season?
2. What would you rate our website?
3. What would you rate our fundraising this year?
4. What would you rate the ice time this year?
5. What would you rate the tournaments this year?
6. What would you rate our communication this year?

HEAD COACH:

1. Communicate season plans to players and parents at pre-season meeting
2. Respected players, officials and opponents
3. Exhibits good sportsmanship
4. Practices (organized and designed to develop skills)
5. Players treated equal and received equal ice time
6. Gave positive feedback/constructive criticism
7. Players developed and improved their skills over the season
8. Established and maintain team order by establishing clear expectations
9. Establish personal and team goals
10. Did the coach offer an end of season progress report?
11. Were you satisfied with the amount of tournaments your team participated in?
12. Did your team participate in off ice training or recreational outings?
13. My son/daughter would play for this coach again

COACHING TEAM: How would you rate the volunteers on your team, using the previous rating scale?

Assistant Coach:

Manager:

Trainer:

Parent Rep:

Other (please list position):

Comments:

Please use this space to expand on or explain any of your ratings or to bring forward any other issues or concerns. Evaluations are used as a tool for our coaches to learn and improve as well as an aid for the coaches selection process. Thank you for taking the time to carefully and thoughtfully provide us with feedback.

Thank you for your participation.

Is your son/daughter returning next year? Yes No

Would you be interested in volunteering next year? Yes No

If yes, in what capacity?

**Signature: Requested but not
required:**_____

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