



## Coach Evaluation Form for \_\_\_\_\_

**Category** Mini Mite: \_\_\_\_ Mite: \_\_\_\_ Squirt: \_\_\_\_ PeeWee: \_\_\_\_ Bantam: \_\_\_\_ Midget: \_\_\_\_

**Level:** Rep B House C

MMSA would like your feedback to assess the effectiveness of your coach and coaching staff this past season. We believe that it is very important for you to be honest in your assessment. Your coaching staff would like to know what areas they should focus on and your club officers would like to recognize coaches you assess as exceptional. If you wish, submit evaluation forms for assistant coaches or managers.

### How would you describe the following Styles/Qualities? Check all that apply.

Leadership: \_\_\_\_ Conscientious: \_\_\_\_ Understanding: \_\_\_\_ Patience: \_\_\_\_ Motivator: \_\_\_\_ Teacher: \_\_\_\_

Humorous: \_\_\_\_ Enjoyment: \_\_\_\_ Dictatorship: \_\_\_\_ Confrontational: \_\_\_\_ Other: \_\_\_\_\_

Does the coach conduct him/herself in a **professional** manner at all games? Yes No

Was there a **proper balance** between learning vs. winning vs. fun? Yes No

Did this coach avoid **yelling** at children during practices/games? Yes No

Did this coach set examples or standards for team cohesiveness, **sportsmanship** and fair play? Yes No

Did this coach attempt to provide reasonable **playing time** for all players? Yes No

Did this coach come **prepared** for games and practices? Yes No

Did this coach display and encourage **respect** for umpires? Yes No

Did this coach avoid **singling out** individual players for poor game performance? Yes No

Did this coach display **encouraging and positive** conduct on the field. Yes No

Did this coach address the player's needs **individually** (pulled aside) not in a team setting? Yes No

Did this coach provide **opportunities** for all players? Yes No

Did this coach have a **positive attitude** with all players? Yes No

Did this coach have a **good knowledge** of the game? Yes No

Did this coach have **good communication** with **Players**? Yes No

Did this coach have **good communication** with **Parents**? Yes No

Did this coach demonstrate a **commitment** to Softball and Kids? Yes No

Did this coach have the **ability to develop** Players? Yes No

Did this coach **motivate** your daughter in a positive manner? Yes No

Did your daughter show a pattern of **improvement**? Yes No

Do you feel the team as a whole is showing a pattern of **improvement**? Yes No

Do you feel that the coach has made your child's softball experience a **positive** one? Yes No

Would you consider **returning** next year? Yes No

Would you like to **continue** with the same coach next year? Yes No

Would you **recommend** Mission Minor Softball program to others? Yes No

Overall Coaching Skill – on a scale of 1 to 5 where 1 is Poor and 5 is Excellent: 1 2 3 4 5

Comments:

**RETURN BY AUGUST 7<sup>th</sup>.** All responses are confidential. Fax completed form to (604) 820-9408 or mail to:  
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