



# Athletic Coaches Evaluation Form

Visit us on the web <http://gsparish.org>

The Good Shepherd Athletic Committee would like to you to complete this evaluation form. Input is requested from parents and athletes. The evaluation feedback will be anonymous. The Athletic Committee will utilize this information to 1) assist in selecting future coaches 2) provide strengths and weaknesses of coaches that may need to be addressed in order to improve effectiveness 3) ensure that the coaches are providing the leadership and instruction that we desire at Good Shepherd Catholic School.

Sport: \_\_\_\_\_ Year: \_\_\_\_\_ Coach's Name: \_\_\_\_\_

Using a rating scale of 1-10, with 10 being the highest, how satisfied were you and your son/daughter with your athletic experience this season?

Rating \_\_\_\_\_

If we did not receive a 10 rating, what could we do differently to achieve that rating?

---

---

---

What are the top five (5) reasons your son/daughter plays sports at Good Shepherd Catholic School?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I was satisfied with my coach this season.

Rating \_\_\_\_\_

If your coach did not receive a 10 rating, what could he/she do differently to achieve that rating?

---

---

---

*return form to the school office, attention: Athletic Director*