SOLANCO YOUTH SOCCER ASSOCIATION
COACH EVALUATION
SPRING 2009 SEASON

Team: _____ Age: U_____ Boys/Girls

Coach's Name: _____ (Please use separate form for each coach)

The person filling this form out is a: Parent _____ Player _____ (please check one)

Name: _____ (Optional)

This form is used to aid our Board of Directors in finding the best coaches for you and your children. Any comments on this form are for the use of Solanco Youth Soccer Association's Directors only. Please take the time to fill it out.

These forms may be mailed to: Solanco Youth Soccer Association, PO Box 461, Quarryville, PA 17566 or turned in to any of the SYSA Board of Directors.

1. Did the coach treat players equally? Yes No Sometimes

2. Did the coach appear to have a plan? Yes No Sometimes

3. The coach arrived at practices on time? Yes No Sometimes

4. Do the players seem to be learning? Yes No Sometimes

5. Is the coach positive and encouraging? Yes No Sometimes

6. Does the coach teach respect for the game, other players and officials?
   Yes No Sometimes

7. The coach seemed to have the necessary technical knowledge?
   Yes No Sometimes

8. The coach comes to the games prepared? Yes No Sometimes

9. Does your coach relate well with the assistant coach?
   Yes No Sometimes

10. Does your coach make soccer a good experience?
    Yes No Sometimes

11. Would you want this coach to coach your child again?
    Yes. Why: _____
    _____
    _____

    No. Why: _____
    _____
    _____

12. Additional comments/concerns: _____
    _____
    _____
    _____
    _____
    _____
    _____

Thank you for taking the time to complete this form.