



River Falls Wildcat Soccer



Soccer Coach Evaluation Form

Coaches Name: _____ Team: _____ Date: _____

Our coaches are continually striving to improve their skills in order to provide the best they can for our children. Please take a few moments to fill out this questionnaire.

The numbered ratings are as follows:

1 = poor; 2 = needs improvement; 3 = satisfactory; 4 = pretty good; 5 = excellent.

If the question does not apply or you do not know, please leave blank and do not guess.

Comments are appreciated; please make notes on back of this form.

1. Does your son/daughter look forward to practices? 1 2 3 4 5
2. Does the coach give your son/daughter specific areas to improve upon? 1 2 3 4 5
3. Does the coach make practices fun for the players? 1 2 3 4 5
4. Does your son/daughter feel good about their practices when they leave? 1 2 3 4 5
5. Is the coach approachable by both players and parents? 1 2 3 4 5
6. Does the coach motivate your son/daughter in a positive manner? 1 2 3 4 5
7. Does the coach promote team cohesiveness and good sportsmanship? 1 2 3 4 5
8. Does your son/daughter show a pattern of improvement? 1 2 3 4 5
9. Does the coach conduct him/herself in a professional manner at all games? 1 2 3 4 5
10. Does the coach communicate well with players and parents? 1 2 3 4 5
11. Do you feel that overall the coach has made your son/daughter's soccer experience a positive one? 1 2 3 4 5
12. Overall, how would you rate your son/daughter's coach? 1 2 3 4 5

Comments may be noted on reverse of this form. They will be shared *ANONYMOUSLY* with the coach as appropriate.

Parent or Player name (Optional): _____