

## Brookings High School Soccer Coach Evaluation Form

**Dear Parents,**

The Brookings High School Soccer Committee has developed a questionnaire to inquire on the effectiveness of our Soccer Program. We would appreciate if you would take a few minutes to provide us with your feedback. Your responses will be kept confidential with only the averages of the surveys to be shared with the coaches. It is through this input that we can identify program strengths as well as areas for improvement. If your child had more than one coach, evaluate separately.

**Coach's Name** \_\_\_\_\_

Season: **Fall 2011**

**Team: (circle)**

JV /Varsity

Girls / Boys

**Please use a separate questionnaire for each coach or assistant coach.**

**For each question, put a check in the box that best expresses your thoughts.**

	<b>5 Well above expectations</b>	<b>4 Above expectations</b>	<b>3 Met expectations</b>	<b>2 Below expectations</b>	<b>1 Well below expectations</b>
The coach had open lines of communication.					
The coach encouraged athletes and/or parents to voice concerns without fear of retaliation					
The coach was unbiased and treated everyone on the team fairly					
The amount of discipline the coach used was appropriate for the situation.					
The coach demonstrated a spirit of sportsmanship, ethics, and integrity towards opponents, officials and parents at all times.					
The coach set a good personal example					
The coach demonstrated a thorough knowledge of soccer techniques and tactics, and was able to teach these skills					
The coach balanced the desire to win, with the ability to keep sports in perspective; using the game of soccer to teach positive character traits and life lessons					
My child's opinion about soccer has been enhanced by this coach.					

	5 Well above expectations	4 Above expectations	3 Met expectations	2 Below expectations	1 Well below expectations
My general opinion of BHS soccer, its coaches, board members, coordinators, and officials is that they run a high quality program that is an asset to the community.					

**ADDITIONAL COMMENTS**

Please include any comments to qualify further your evaluation of this coach.
Please share what you see as the major strengths of the program.
Please share what you see as the major weaknesses of the program.

OPTIONAL Parent's Name \_\_\_\_\_

OPTIONAL Athlete's Name \_\_\_\_\_

**Return all surveys before February 1. Thank you.**

**Methods of Returning the Survey:**

- 1) **Cut-and-paste this form into an e-mail, answer the questions and email to a board member.**
- 2) **Complete and return as an attachment, email to any board member.**
- 3) **Download, print and complete. Return to BHS and ask that the survey be placed in Mrs. Heier's mailbox.**

**High School Soccer Board Members**

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