

Name (optional): \_\_\_\_\_ used by Board if comments need further discussion

**ST. ALPHONSUS ATHLETIC ASSOCIATION  
PROGRAM EVALUATION FORM**

Circle the sport and level below for which this evaluation is being made. Please provide your level of agreement for both your head coach and assistant coach(s). **Any additional comments on the reverse are welcomed and appreciated.** We intend to provide feedback to all coaches on strengths and weaknesses based on these evaluations without providing individual comments. If you would like to be available for further discussions with the board, please print your name and phone number at the top.

Sport:   Volleyball   Cross Country   Soccer   Cheerleading   Girls Basketball   Boys Basketball

Level:   Varsity           JV                   4th Grade

Agree Strongly	Agree	Neither Agree nor Disagree	Disagree	Disagree Strongly
5	4	3	2	1

	Head Coach	Assistant Coach	Assistant Coach
Coaches Last Name:			
Said the diocesan prayer before the game.			
Helped make participation in this activity a positive experience for my child.			
Appropriately balanced good sportsmanship and personal development with winning and competitiveness.			
Handled issues of playing time/participation appropriately.			
Was well organized and prepared.			
Effectively and appropriately communicated team schedules, activities, goals and objectives.			
Treated my child appropriately and with respect at all times			
Conduct of the coach(es) and players reflected positively on St. Alphonsus Parish and the School.			
Knowledgeable with respect to the applicable rules and skills in the relevant sport or activity and devoted appropriate amounts of time to training in these areas.			
Was a good Christian role model.			
My child would like to play for this coach again.			
The Athletic Association adequately supported this activity.			

**Any additional comments on the reverse are welcomed and appreciated.**