

## COACHING EVALUATION

Coach's Name: \_\_\_\_\_

Age Group: \_\_\_\_\_

Please indicate by check mark in the appropriate column with 4 being the highest, 1 the lowest.	4	3	2	1
<b>PERSONAL QUALITIES</b>				
Self-Control & Poise				
Enthusiasm				
Discipline				
Initiative				
Practice Knowledge				
Game Knowledge				

### SKILLS & TECHNIQUES

Ability to run a productive practice				
Ability to Teach Fundamentals				
Ability to See and Analyze Player's Mistakes				
Ability to Correct Mistakes				
Ability to Stimulate Sportsmanship				
Ability to Instill Self-Confidence				
Ability to be Fair				

Additional Comments/Concerns/Suggestions:

Would you like to see this coach return?    Yes    No

If no, why?

What did the player like most about this coach?

What did the player like least about this coach?

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(optional)