



St. John the Baptist Youth Activities Committee Coaching Review

Sport: _____

Boys or Girls: _____

Grade: _____

Name (optional): _____

1. Did the head coach treat your child with respect? Yes No

Comments:

2. Did the assistant coaches treat your child with respect? Yes No

Comments:

3. Did the coach hold a Parent Meeting at the start of the season? Yes No

4. Did you attend the Parent Meeting? Yes No

5. Were practices organized and regularly scheduled? Yes No

6. Did the coach communicate schedule changes effectively? Yes No

7. Did your child receive the playing time communicated at the Parent Meeting at the start of the season? Yes No

Comments:

8. Did your child receive the amount of playing time you anticipated? Yes No

Comments:

9. Did the coaches maintain a safe environment at all times? Yes No

Comments:

10. Did your child's knowledge and/or skill level of this sport improve? Yes No

11. Did the team maintain an atmosphere of sportsmanship and Christianity? Yes No

12. Do you have a substantiated reason why the YAC should not have this coach or any assistant coach back to coach future seasons? Yes No

Comments:

If you have additional comments not address within the above questions, please fell free to use the back side of this form. Return the completed form to school or to the Athletic Director. This feedback is critical to the improvement of our activities.