



St. James Athletic Association – Parental Coaches’ Evaluation Form

This form is submitted for the following sport, please circle:

Basketball Cheerleading Cross Country Soccer

Coach’s Name: _____

Please use this scale to answer the following assigning a number to each.

5 – Strongly Agree; 4 – Agree; 3 - Neutral; 2- Disagree; 1 – Strongly Disagree

- 1. Participation in this activity was a positive experience for my child: _____**
- 2. Good sportsmanship and personal development were appropriately balanced with winning and competitiveness: _____**
- 3. Playing Time/Participation were appropriately handled: _____**
- 4. Team activities were well organize and prepared: _____**
- 5. Team schedules, activities and overall time commitment were appropriately communicated: _____**
- 6. The goals and objectives were effective and appropriate: _____**
- 7. The coach treated my child with respect at all times: _____**
- 8. The conduct of the coach reflected positively on the Parish and School: _____**
- 9. The coach was a good Christian/Catholic role model for my child: _____**

Please use the space below to provide any additional comments you would care to offer:

Your Name (optional):

You are encouraged to copy this form and complete a separate form for each child and for each coach.

Please return to the school office. Thank you!