

Please complete both sides of this form and return to the St. Andrew Athletic Ministry Board.

All forms are kept strictly confidential. We need your feedback. If you have a concern we need to know. It is important that we hear the good and the bad feedback to insure that we have the proper coaches in place for the future. The St. Andrew Athletic Ministry values the feedback of our parents. We encourage any and all comments to further explain your answers.

Today's Date	Sport				
COACH'S NAME:					
SPORT GRADE: SPORT LEVEL:	A B C				
ON THE FOLLOWING TOPICS – PLEASE RATE THE SATISFACTION (0-4) WITH THE SPORT AND COACH (0 = POOR; 4 = EXCELLENT)					
ORGANIZATION OF PRACTICES (started and stoppe active)					
0 1 2 3 4 Poor Excellent					
Comments:					
STUDENT WAS TAUGHT PROPER FUNDAMENTALS FOR THE AGE LEVEL (is student prepared to move to the next level)					
0 1 2 3 4 Poor Excellent					
Comments:					
WAS THE COACH ABLE TO COMMUNICATE WITH THE STUDENTS? (did student understand what was being taught)					
0 1 2 3 4 Poor Excellent					
Comments:					

SPORTSMAN LIKE CONDUCT? (during games, practices, approaching umpires/referees)				
0 1 Poor	1	2	3	4 Excellent
Comme	ents:			
How wo	ould y	ou rate	the fac	cilities for team practices?
St. And 0 1 Poor	rew A 1	cadem 2	y Facil 3	ity 4 Excellent
Comme	ents:			
How would you rate the volunteer work of the St. Andrew Athletic Ministry as a whole?				
0 1 Poor	1	2	3	4 Excellent
Comme	ents:			
Please list any other questions, concerns or comments below:				
PAREN	NT NA	ME: (0	optiona	l) STUDENT NAME: (optional)

Thank you for taking the time to complete this evaluation. Again, we value the feedback we receive! We hope to continue to use these evaluations to help guide and lead our Athletic Ministry.