

Falmouth Youth Soccer Association

Parent Feedback Form

Our mission in establishing this form is to collect information that will help us maintain a high standard of excellence in our coaching staff and improve the overall experience of our players. Your participation in this process is valuable. Thank you for taking the time to fill out this form.

Name (recommended but optional) _____ Date _____

- 1) How many years have you been involved in FYSA? _____
- 2) How many children do you have in this program? _____
- 3) Did your child have fun? ___ _
- 4) Do you feel your child progressed as a player? _____
- 5) How many games did your family attend? Circle one. None Few Most All

Division/Age: _____

Head/Co-Coach: _____

A) Please rate the coach as a communicator(to the children as well as the parents). This would include philosophy, expectation, team rules, and answering questions:

1. Excellent 2. Good 3. Average 4 Needs Improvement 5. Poor

B) Please rate the coach as a teacher. This would include practice sessions and game situations:

1. Excellent 2. Good 3. Average 4 Needs Improvement 5. Poor

C) Please rate the coach as a role model for sportsmanship:

1. Excellent 2. Good 3. Average 4 Needs Improvement 5. Poor

D) What is your overall evaluation of the coach?

1. Excellent 2. Good 3. Average 4 Needs Improvement 5. Poor

1* Assistant/Co-Coach: _____

Question A: 1. Excellent 2. Good 3. Average 4 Needs Improvement 5. Poor

Question B: 1. Excellent 2. Good 3. Average 4 Needs Improvement 5. Poor

Question C: 1. Excellent 2. Good 3. Average 4 Needs Improvement 5. Poor

Question D: 1. Excellent 2. Good 3. Average 4 Needs Improvement 5. Poor

2nd Assistant/Co-Coach: _____

Question A:	1. Excellent	2. Good	3. Average	4 Needs Improvement	5. Poor
Question B:	1. Excellent	2. Good	3. Average	4 Needs Improvement	5. Poor
Question C:	1. Excellent	2. Good	3. Average	4 Needs Improvement	5. Poor
Question D:	1. Excellent	2. Good	3. Average	4 Needs Improvement	5. Poor

3rd Assistant/Co-Coach: _____

Question A:	1. Excellent	2. Good	3. Average	4 Needs Improvement	5. Poor
Question B:	1. Excellent	2. Good	3. Average	4 Needs Improvement	5. Poor
Question C:	1. Excellent	2. Good	3. Average	4 Needs Improvement	5. Poor
Question D:	1. Excellent	2. Good	3. Average	4 Needs Improvement	5. Poor

Comments:

Please mail completed form by November 15, 2011

FYSA, Parent Feedback Form, PO Box 66844, Falmouth, ME 04105

Or via email to:

ron.lydick@partners.mcd.com