

St. Michael Catholic High School Athletic Program Post Season Evaluation

Team: _____ Coach: _____ Year: _____

I am a: _____ student/athlete _____ parent _____ other

Circle the number you believe is most accurate. You may write additional comments (optional, use back of sheet for further comments). Please limit remarks to constructive criticism or praise. Send to A.D. who will summarize these as input for his post-season eval of each program and coach.

1 = strong disagreement and 4 = strong agreement

1. Team improvement: Team chemistry & performance improved as the season unfolded, peaking at the end of the year. 1 2 3 4

Comments: _____

2. Individual Improvement: My (or my child's) individual skills and fundamentals improved over the course of the season. 1 2 3 4

Comments: _____

3. Out of Season Program: A systematic, thoughtful off-season program was implemented, with clear expectations for student/athletes & consistent follow-up 1 2 3 4

Comments: _____

4. Practices were well organized & productive. 1 2 3 4

Comments: _____

5. Player-Coach Relationships: The coach and assistant coaches interacted well with the student/athletes, in a manner consistent with our school's mission. 1 2 3 4

Comments: _____

6. Communication: The coach communicated well with parents/families about what he or she was doing, with changes in schedules, etc. 1 2 3 4

Comments: _____

7. Coaching Commitment: The coach was enthusiastic and committed, and his/her enthusiasm was contagious with the players & the community. 1 2 3 4

Comments: _____

8. Overall Assessment: Overall, I would rate this a good program. 1 2 3 4

Please share overall positive and negative comments here (use back if necessary)

Signature (optional) _____ Date _____