



**Fuqua School Athletics Program
Season Evaluation (Parents)**

In an effort to continually improve our athletics program, we are asking parents for input regarding their child's experience during the past season. Please evaluate each of the following items and note any comments you may have in the space provided on the back. Return this form to the Fuqua School athletics office.

Name of Team: _____

Coach: _____

Directions: Evaluate the ten items below using the following scale (circle the number).

- 1 strongly agree
- 2 agree
- 3 disagree
- 4 strongly disagree
- 5 do not know/no opinion

- | | | | | | |
|--|---|---|---|---|---|
| 1. The coach kept my child well informed (expectations, schedules, etc.). | 1 | 2 | 3 | 4 | 5 |
| 2. The coach kept me well informed (expectations, schedules, etc.). | 1 | 2 | 3 | 4 | 5 |
| 3. I was able to communicate well with the coach. | 1 | 2 | 3 | 4 | 5 |
| 4. The coach taught and practiced the fundamentals of the game. | 1 | 2 | 3 | 4 | 5 |
| 5. The coach inspired my child to do his/her very best. | 1 | 2 | 3 | 4 | 5 |
| 6. The coach expected and enforced positive behavior and good sportsmanship. | 1 | 2 | 3 | 4 | 5 |
| 7. The coach encouraged excellence and a sense of team unity. | 1 | 2 | 3 | 4 | 5 |
| 8. The coach handled problems in a fair and efficient manner. | 1 | 2 | 3 | 4 | 5 |
| 9. The facilities/playing fields were clean and well-maintained. | 1 | 2 | 3 | 4 | 5 |
| 10. The equipment was sufficient and well-maintained. | 1 | 2 | 3 | 4 | 5 |

(See reverse side.)

Please list the strengths of the program:

Please list suggestions for improvement:

Other comments:

Signature (optional): _____

Thank you for your thoughtful input.