



Coach Evaluation

Coach NAME (LAST):

Coach (FIRST):

Lacrosse Association

Division:

YEAR:

Your Name:

Phone Number:

Do you wish to be contacted: Yes No

Read the following statements and check the box that best reflects your opinion of the statement. The form can be emailed to your local association or Lacrosse New Brunswick Inblax@gmail.com

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The coach ran well-organized practices.					
Your child's lacrosse skills improved					
Your child received positive direction and feedback					
All players on the team received a fair amount of floor time over the course of the season					
Discipline issues were handled fairly and consistently					
The coach kept winning in perspective					
The coach's conduct at games was acceptable					
Your child had a positive learning experience					
Your child had fun					
The coach helped develop your child's confidence, self-respect and respect for his/her teammates					
Your lacrosse season was an enjoyable experience					
The coach was an effective teacher					
The coach communicated effectively with the players					
The coach communicated effectively with the parents					
The coach treated all players fairly					
The team progressed over the course of the season					
You would want this individual to coach your child again					
You would of liked to have more practice time					

Please include any additional comments:



