

Note: Forms without contact information will not be considered

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Team: \_\_\_\_\_

### QUESTIONNAIRE

Rate the following 10 questions: 1 star: strongly disagree, 2 stars: disagree, 3 stars: no opinion, 4 stars: agree, 5 stars: strongly agree

1. The Coach exhibited professional behaviour at all times both on and off the ice and was a good role model for the players  
☆☆☆☆☆
2. The Coach was always available and willing to speak to parents about any issue or concern that we had  
☆☆☆☆☆
3. All members of the Coaching Staff conducted themselves in an appropriate manner.  
☆☆☆☆☆
4. The Coach had enough knowledge of the skills and tactics of hockey for this team.  
☆☆☆☆☆
5. The Coach ran organized practices and made good use of the practice time made available  
☆☆☆☆☆
6. The Coach was able to get the team to play at or above their potential.  
☆☆☆☆☆
7. Discipline on the team was handled fairly and appropriately by the Coach throughout the season.  
☆☆☆☆☆
8. The Coach provided fair ice time considering the various abilities of the players and the importance of balancing winning games and developing players.  
☆☆☆☆☆
9. The Coach was a good teacher and motivator for my son/daughter.  
☆☆☆☆☆
10. I would like the Coach listed above to return as my son/daughters Coach next season.  
☆☆☆☆☆

#### Additional Comments

Please add any additional comments you may have:

Thank you for completing this form