



Coach Evaluation

Dear Parent/Guardian:

The objective of the Lamar Soccer Club is to promote and enhance the game of soccer through the development of individual skills, teamwork, fair play, and good sportsmanship.

Please help the Club assess the abilities of those who coached your children. The feedback received will help to identify the strengths and weaknesses of our coaches. If a team had more than two assistant coaches, we invite you to submit a second form. Thank you for taking the time to provide this information.

Please return completed form to Lamar Soccer Club, P.O. Box 544, Richmond, TX, 77406-0544

Date: _____ Season: _____

Parent/Guardian Name (optional): _____

Team Gender/Age (e.g., Boys U14): _____

Please rate 1 through 5: 5=most favorable response, 1=least favorable response.

	Head Coach Name:	Asst. Coach Name:	Asst. Coach Name:
The coach communicated effectively with the players/parents regarding goals and expectations for the team as well as the individual player.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
The coach was responsive to issues brought to his/her attention.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
The approach by the coach towards the players was appropriate given the age, gender, and skill level of the team.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
The coach displayed an understanding of the game of soccer.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
The coach was able to effectively teach this to the players in a positive way.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
The coach treated the players fairly with regard to playing time and field positions so as to promote a complete understanding of the game.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
The coach set a positive example regarding sportsmanship and sideline behavior.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
The coach was reliable and prepared.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
The coach communicated effectively regarding scheduling issues (e.g., change in time or location of practice or game).	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Additional Comments: