



Spring Lake Park High School Athletic Evaluation Student / Parent Survey

Dear Parent/Guardian/Athlete,

In an effort to improve ourselves, the SLPHS Activities Department would like your input on your experience this season. Please complete the following Athletic Evaluation and return it to the Activities Office or email a copy to me. This form is designed for thoughtful appraisal and provides a basis for the review of performance, and serves to encourage self-improvement and growth for the coach.

Please return this to me in the Activities Office or email me a copy at rvango@district16.org

Sport: _____ Coach: _____

Level: (please check one) Varsity () JV () B () C 9th ()
I am an athlete _____ I am the parent/guardian of an athlete _____

Please rate the following on a 0-5 scale: 0 =N/A, 1=poor, 2=below average, 3=average, 4=very satisfactory, 5=outstanding.

Coach:

- a. Encourages athletes and helps develop self-confidence and determination. 0 1 2 3 4 5
- b. Maintains discipline in a firm and friendly manner. 0 1 2 3 4 5
- c. Provides an environment that makes participation enjoyable. 0 1 2 3 4 5
- d. Enforces team rules in an equitable and consistent manner. 0 1 2 3 4 5
- e. Demonstrates the ability to communicate effectively with all athletes. 0 1 2 3 4 5
- f. Develops and maintains a positive attitude among athletes. 0 1 2 3 4 5
- g. Maintains emotional control under stress. 0 1 2 3 4 5
- h. Effective communication with parents and athletes regarding policies, etc. 0 1 2 3 4 5
- i. Provides organized practice structure and supervision. 0 1 2 3 4 5
- j. Knowledgeable of techniques and fundamentals of sport. 0 1 2 3 4 5
- k. Ability to correct player mistakes in a constructive manner. 0 1 2 3 4 5
- l. Display of professionalism-prompt, timely, appropriate language and dress 0 1 2 3 4 5
- m. Demonstrate empathy and care to you as a person 0 1 2 3 4 5
- n. Show commitment to team and overall success of team 0 1 2 3 4 5
- o. Provided opportunity and accessibility to you to discuss concerns or issues 0 1 2 3 4 5

Overall, I would rate this coach: 0 1 2 3 4 5

Activities Department:

- | | | | | | | |
|---|---|---|---|---|---|---|
| a. Supplied proper facilities and equipment | 0 | 1 | 2 | 3 | 4 | 5 |
| b. Demonstrates an interest in helping athletes | 0 | 1 | 2 | 3 | 4 | 5 |
| c. Visible at athletic events | 0 | 1 | 2 | 3 | 4 | 5 |
| d. Accessible and approachable | 0 | 1 | 2 | 3 | 4 | 5 |

What did you or your athlete find to be the most satisfying about this season?

What did you or your athlete find to be the most disappointing about this season?

What changes or recommendations do you have?

Other comments:

Optional: You may contact me:

NAME: _____

PHONE: _____

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