



BLAINE SOCCER CLUB
SOCCER EVALUATION (Summer 2011)

The Blaine Soccer Club requests player's parents to complete this evaluation for the 2011 summer season. This information is considered sensitive and will not be disclosed to anyone outside of the BSC Board of Directors/Office Staff so please provide us with any positive or negative feedback. Please return by August 5th 2011.

YOUR COACH'S NAME _____

TEAM/AGE GROUP _____ TRAVEL _____ REC _____

ABOUT YOUR COACH

Do you feel your child learned a lot about the game from this coach? YES NO

Would your child play for this coach again? YES NO

Please answer the following questions on a scale of 1-3 (1=Poor, 2=Good, 3=Excellent)

- 1, Knowledge of the game? _____
- 2, Ability to teach soccer fundamentals? _____
- 3, Ability to create a fun environment? _____
- 4, Relationship with players? _____
- 5, Relationship with referees? _____
- 6, Relationship with parents? _____
- 7, Communication with parents? _____
- 8, Effective use of practice time? _____

COMMENTS: _____

TRAVEL TRAINING (Travel teams only)

- 1, Did your child enjoy the training? YES NO
- 2, Do you feel your child learned a lot at these sessions? YES NO
- 3, Could you see improvement in your child's skills as the season progressed? YES NO
- 4, Did you feel the training program was better than previous years? YES NO N/A

COMMENTS: _____

GENERAL

- 1, Did your child have an enjoyable soccer experience? YES NO
- 2, Were you satisfied with Blaine Soccer Club? YES NO

Please list any improvements you would like to see: _____

Evaluators Name (required) _____ Signature _____

Please return the completed evaluation by August 5th 2011 to: Blaine Soccer Club, PO Box 490043, Blaine, MN 55449