



## BLAINE SOCCER CLUB

### SOCCER EVALUATION (Summer 2014)

The Blaine Soccer Club requests player's parents to complete this evaluation for the 2014 summer season. This information is considered sensitive and will not be disclosed to anyone outside of the BSC Board of Directors/Travel Committee/Office Staff so please provide us with any positive or negative feedback. Please return by July 11, 2014.

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: \_\_\_\_\_

\_\_\_\_\_

#### TRAINING

1, Did your child enjoy the training? YES NO

2, Do you feel your child learned a lot at these sessions? YES NO

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 July 11, 2014 to: Blaine Soccer Club, PO Box 490043, Blaine, MN 55449**