

team

SOFTBALL

EVALUATION FORM FOR THE "YYYY" SEASON

NAME: (optional) _____
AGE: (optional) _____ **YEARS ON THE TEAM:** (optional) _____
EVALUATION FORM FILLED OUT BY: Player ____ Parent ____ Player & Parent Together ____

THIS SECTION PERTAINS TO THE OVERALL "TEAM NAME" SOFTBALL PROGRAM

Rate as follows: 1 Excellent 2 Above Average 3 Average 4 Needs Improvement 5 Unsatisfactory N/A Not Applicable

Quality of overall program _____

Team Tryouts _____ Accessibility to Coaches _____ Keeping you informed _____
Team Handbook _____ Tournaments _____ Public Relations _____
Facilities / Fields _____ Fund Raising Activities _____
Did you attend a Player/Parent meeting? Yes ____ No ____

COMMENTS & SUGGESTIONS REGARDING THE "TEAM NAME" SOFTBALL PROGRAM

PLAYERS Please rate the following statements:

Rate as follows: 1 - Strongly Agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly Disagree

_____ I enjoyed playing softball this season
_____ My softball skills have improved a lot this season
_____ My understanding of softball strategy has increased this season
_____ My coach (s) treated me with respect and listened to what I had to say
_____ I got along well with my teammates
_____ My coach (s) did not give me conflicting information
_____ My team's equipment was sufficient and in good condition
_____ I felt safe and comfortable at practices, games and when traveling with the team

PARENTS Please rate your daughter's overall development as a softball player and as a person this season.

Rate as follows: 1 - Great improvement 2 - Some improvement 3 - Same 4 - Some regression 5 - Great regression

_____ Your daughter's attitude towards softball
_____ Physical development of skills
_____ Mental development of softball strategy
_____ Growth of teamwork skills

PLAYERS AND / OR PARENTS:

PLEASE RATE YOUR (YOUR DAUGHTER'S) **OVERALL** SOFTBALL EXPERIENCE THIS SEASON

(Circle One) 1 - Best Ever 2 - Good 3 - Satisfactory 4 - Not very good 5 - Poor

Explain why:

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COACHING EVALUATION FORM FOR THE "YYYY" SEASON

NAMES: HEAD COACH ASSISTANT ASSISTANT ASSISTANT ASSISTANT

Rate as follows: 1 - Excellent 2 - Above Average 3 - Average 4 - Needs Improvement 5 - Unsatisfactory N/A - Not Applicable

WORKING WITH:

players	_____	_____	_____	_____	_____
parents	_____	_____	_____	_____	_____
coaching staff	_____	_____	_____	_____	_____
umpires	_____	_____	_____	_____	_____

TEACHING SKILLS	_____	_____	_____	_____	_____
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COMMUNICATION WITH PLAYERS

_____	_____	_____	_____	_____	_____
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SOFTBALL KNOWLEDGE:

fundamentals	_____	_____	_____	_____	_____
pitching	_____	_____	_____	_____	_____
offense	_____	_____	_____	_____	_____
defense	_____	_____	_____	_____	_____
strategy	_____	_____	_____	_____	_____
rules	_____	_____	_____	_____	_____

PRACTICES:

challenging	_____	_____	_____	_____	_____
beneficial	_____	_____	_____	_____	_____
safe	_____	_____	_____	_____	_____
fun	_____	_____	_____	_____	_____

MOTIVATIONAL SKILLS

_____	_____	_____	_____	_____	_____
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FAIRNESS

_____	_____	_____	_____	_____	_____
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DISCIPLINE

_____	_____	_____	_____	_____	_____
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ATTITUDE

_____	_____	_____	_____	_____	_____
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LANGUAGE

_____	_____	_____	_____	_____	_____
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ENTHUSIASM

_____	_____	_____	_____	_____	_____
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COMPOSURE UNDER PRESSURE

_____	_____	_____	_____	_____	_____
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Would you, as a parent, want your daughter to play for this coach next season? (YES, NO, UNDECIDED)

_____	_____	_____	_____	_____	_____
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Would you, as a player, want to play for this coach next season? (YES, NO, UNDECIDED)

_____	_____	_____	_____	_____	_____
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Would you recommend that "TEAM NAME" ask this Coach to coach again next season ? (YES, NO, UNDECIDED)

_____	_____	_____	_____	_____	_____
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team

SOFTBALL

COACHING EVALUATION FORM FOR THE "YYYY" SEASON

THESE QUESTIONS PERTAIN TO THE HEAD COACHES ADMINISTRATIVE SKILLS:

Rate as follows: 1 - Excellent 2 - Above Average 3 - Average 4 - Needs Improvement 5 - Unsatisfactory N/A - Not Applicable

- _____ PLANNING & SCHEDULING - practices, tournaments, travel, other activities
- _____ COMMUNICATION - timely & accurate information, accessibility, meetings, etc.
- _____ FINANCES - budgeting and handling of money
- _____ FUND RAISING - Were you sufficiently informed of responsibilities & opportunities?

THE FOLLOWING QUESTIONS PERTAIN TO ASSISTANT COACH (S) ONLY:

Would you recommend that the current assistant coach (s) be invited back next year?

YES ___ NO ___ If NO, please comment:

Are there any asst. coach (s) you would recommend for a head coaching position should one be available?

YES ___ NO ___ If YES, please comment:

Are there any assistant coach (s) you would recommend NOT be candidates for a head coaching position?

YES ___ NO ___ If YES, please comment:

COMMENTS/SUGGESTIONS ON IMPROVING THE "TEAM NAME" SOFTBALL PROGRAM:

Please complete and return to: Appropriate name and address