



Parent Evaluation Form

Please complete and mail to:
AFC
1200 Hwy. 74 S.
Suite 6, PMB 134
Peachtree City, GA 30269

Age:		<input type="checkbox"/> Boys	<input type="checkbox"/> Girls	Coach:
Date form completed:				

Please circle the number that applies

My Child's Coach.....	Strongly Agree	Somewhat Agree	Don't Know	Somewhat Disagree	Strongly Disagree
shows up on time	5	4	3	2	1
adequately prepares and plans game schedules and rosters	5	4	3	2	1
communicates well with the parents and players	5	4	3	2	1
does not emphasize winning at all cost but also teaches the players to compete	5	4	3	2	1
defines roles and responsibilities for the children	5	4	3	2	1
provides adequate feedback to player/parents regarding development	5	4	3	2	1
has organized productive training sessions	5	4	3	2	1
provides proper preparation for players at games and training sessions	5	4	3	2	1
has a good understanding of the game and also knows how to train my child	5	4	3	2	1
has a good level of self control during the games and shows good sportsmanship	5	4	3	2	1

My Child.....	Strongly Agree	Somewhat Agree	Don't Know	Somewhat Disagree	Strongly Disagree
has had a good soccer experience this season	5	4	3	2	1
understands and wants to become more serious about his/her development	5	4	3	2	1
(My child's) level of skill is improving at an acceptable rate	5	4	3	2	1
has developed a healthy player/coach relationship over the fall period	5	4	3	2	1

Did your child participate in individual staff training? If yes, what was your experience like?

“Is there anything specific to coach or club which would help your child/you have a better experience?” (All of your comments will be kept completely confidential)
