

Portsmouth Pirates Soccer Club

Head Coach / Assistant Coach Evaluation Form

www.pysa.com

Please evaluate one coach or one assistant coach per form. Please evaluate your child's head coach and each of your child's assistant coaches. Please use a separate form for each. Please remember that these people volunteered their time so that your children would have the opportunity to play. Hopefully your comments will be constructive. Thanks!

Name of Head Coach / Assistant Coach to be evaluated: _____

Team: _____ Season(ex. 05-06): _____ Date of Evaluation: _____

| | Yes High | | | | No Low |
|---|-------------|---|---|---|-----------|
| Did your child talk about having fun with this team? | 5 | 4 | 3 | 2 | 1 |
| Did you child talk about having fun with this coach? | 5 | 4 | 3 | 2 | 1 |
| Do you think your child enjoyed/had fun with this coach? | 5 | 4 | 3 | 2 | 1 |
| Do you think your child's skills improved under this coach? | 5 | 4 | 3 | 2 | 1 |
| Do you think other children's skills improved under this coach? | 5 | 4 | 3 | 2 | 1 |
| Did the team show improvement over the course of the year? | 5 | 4 | 3 | 2 | 1 |
| What percentage of the practices was this coach or assistant coach present and participating in the training and teaching of the kids? | 5 | 4 | 3 | 2 | 1 |
| What percentage of your child's practices did you stay and watch? | 5 | 4 | 3 | 2 | 1 |
| What percentage of your child's games did you stay and watch? | 5 | 4 | 3 | 2 | 1 |
| For U8/U10 only: Did all of the kids on the team play equal amounts of time for each game they attended (excepting injury, fatigue, cards, or discipline in which you and your child were notified about)? | 5 | 4 | 3 | 2 | 1 |
| For U12 only: Did all of the kids on the team play at least half of each game they attended (excepting injury, fatigue, cards, or discipline in which you and your child were notified about)? | 5 | 4 | 3 | 2 | 1 |
| For U14 and up only: Did the kids on the team play an appropriate amount of time for each game they attended? | 5 | 4 | 3 | 2 | 1 |
| Did you discuss any issues of concern with the coach during the season? | 5 | 4 | 3 | 2 | 1 |
| Did coach respond appropriately to you with explanation or solution? | 5 | 4 | 3 | 2 | 1 |

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| Was there a proper balance between training/teaching to get to the next level vs. winning? | 5 | 4 | 3 | 2 | 1 |
| Was there a proper balance between learning vs. winning vs. fun ? | 5 | 4 | 3 | 2 | 1 |
| Did this coach exhibit the proper amount of intensity at games and practices? | 5 | 4 | 3 | 2 | 1 |
| Did this coach yell at children during practices/games? | 5 | 4 | 3 | 2 | 1 |
| Did this coach yell at youth referees/referees during games? | 5 | 4 | 3 | 2 | 1 |
| Was this coach confrontational with youth referees/referees during games? | 5 | 4 | 3 | 2 | 1 |
| Did coach have outside clinicians come in to help train the children? | 5 | 4 | 3 | 2 | 1 |
| Did this coach set examples of and set standards for good sportsmanship and fair play? | 5 | 4 | 3 | 2 | 1 |
| Your overall rating for this coach? | 5 | 4 | 3 | 2 | 1 |
| Would you want this coach to coach your child again? | 5 | 4 | 3 | 2 | 1 |
| Will your child continue on with soccer next year? | 5 | 4 | 3 | 2 | 1 |

Comments:

Your name (optional): _____ Date: _____

Please return to: Pirates, Coach Selection Committee, PO Box 428, Portsmouth, RI 02871