

Uxbridge Soccer Club Parent Coaching Survey

Surveys can be handed in to club staff/executive at the fields, dropped off at the soccer office, or faxed to 905-862-0426. Thanks for your feedback!

Coach Name: _____

Age Group: _____ Colour: _____

Sponsor name: _____

1 is POOR and 5 is EXCELLENT	Poor			Excellent	
	1	2	3	4	5
Did your child enjoy their coach?					
Did your child improve because of the coaching they received?					
Was there time devoted to having fun?					
Was there enough skill development?					
Did the coach develop a sense of teamwork with children?					
Did the coach work well with the individuals on their team?					
Was the coach able to control the number of children in their charge?					
Was the coach on time and prepared for the games and practices?					
Did the coach communicate with parents throughout the season?					
Would you like to have this coach in charge of your child again?					

Overall comments:

Submitted by (optional): _____ Phone: _____