

MHA COACH & MANAGER EVALUATION



To All Parents of *MHA* Hockey,

DATE:		

To help *MHA* provide a quality program, it is important the Board receives feedback from the players and parents on the quality of coaching they experienced. Completing this evaluation form will assist us in coach selection for the next season and will also be valuable as an educational tool for the coaches themselves.

This evaluation will help build *MHA* for the future.

Please send evaluation to the *MHA* Coach Coordinator, or drop it off at the MAC in their folder.

MHA Coach Coordinator P. O. Box 773904 Eagle River, AK 99577

<u>DIRECTIONS</u>: Fill in their names and circle the appropriate rating box for each.

O – OUTSTANDING

S-SATISFACTORY

N – NEEDS IMPROVEMENT

	Coach		Asst.		Asst.				Asst				
COACHES NAMES:													
(Please Print)			1			1		ı					
Developed Individual Player Skills	0	S	N	О	S	N	O	S	N	•			N
Taught Hockey Rules and Regulations	0	S	N	O	S	N	O	S	N	•	\mathbf{C}	S	N
Developed Self Confidence of Player	O	S	N	О	S	N	O	S	N	•	\mathbf{C}	S	N
Worked on game strategy	О	S	N	О	S	N	О	S	N		О	S	N
Applied discipline fairly	0	S	N	О	S	N	O	S	N		\mathbf{C}	S	N
Encourage good sportsmanship	О	S	N	О	S	N	О	S	N		О	S	N
Held the players respect	О	S	N	О	S	N	О	S	N		О	S	N
Encouraged your player	О	S	N	О	S	N	О	S	N		О	S	N
Communicated effectively w/player in Games	О	S	N	О	S	N	O	S	N		О	S	N
Communicated effectively w/player in Practices	О	S	N	О	S	N	O	S	N		О	S	N
Kept winning and losing in perspective	О	S	N	О	S	N	O	S	N		О	S	N
Used practice time effectively	О	S	N	О	S	N	O	S	N		О	S	N
Motivated the team effectively	О	S	N	О	S	N	О	S	N		О	S	N
Practiced good leadership skills	0	S	N	О	S	N	О	S	N		О	S	N
Would you play for this coach again?	YI	ES I	NO	YES]	NO	YES	N	O	Yl	ES	N	$\overline{\mathbf{o}}$
Would you recommend retaining this coach for next season?	YI	ES I	NO	YES]	NO	YES	S No	O	YF	S	N	o
Has player improved at this point?	YI	ES I	NO	YES]	NO	YES	S No	O	YE	S	N	ō
Manager Name:													
Organized	0	S	N										_

Organized	0	S	N
Communicated effectively w/parents	0	S	N
Communicated effectively w/coaches	0	S	N
Travel arrangements made effectively	0	S	N
Practiced good leadership skills	0	S	N
Encouraged involvement with parents	0	S	N

Parent(s) (OPT):	PH. (OP '	T):	
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