



Town of Plattsburgh
Department of Parks & Recreation

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Youth Sports Program
Parent Evaluation of Coach Form

Coach Name _____ Sport _____

Age Group/Level _____

We would appreciate you providing an honest evaluation of your child's coach as part of our efforts to provide the best youth sport program possible. Thank you.

A. Evaluate the degree to which you believe your child achieved the following (Circle one):

Table with 5 columns: Item, Not at all, Somewhat, Very Much, and an unlabeled column. Rows include: Had fun, Learned sportsmanship, Improved physical fitness, Learned to cooperate with teammates, Learned to compete appropriately, Developed leadership skills, Increased motivation to continue playing the sport.

B. How did the coach do on the following items? (Circle one):

Table with 5 columns: Item, Not at all, Somewhat, Very Much, and an unlabeled column. Rows include: Treated your child fairly, Kept winning in perspective, Took appropriate safety precautions, Organized practices and contests, Communicated with you, Taught effectively, Showed self-control, Encouraged and recognized your child, Helped your child's self-esteem, Taught respect for opposing players, Coaches and officials.

C. Would you recommend that your child's coach be encouraged to continue coaching in the program? (Circle one):

Yes No

D. If you could change anything about the coaching of your child, what would it be?

Please drop off, email, mail, or fax to us

http://townofplattsburghrecreation.com/