



Lakewood Soccer Association

Coaching Evaluation Form:

Coach's Name: _____

Team Name: _____

Age / Gender / Division: _____

Season: Indoor 20____/20____ Outdoor 20____

Please rate the coach of your son or daughter's team on the categories listed below. For each category, give a rating of 1-5, where 1 is Excellent and 5 is Weak. Please add any comments you see fit. Once complete, please return the form to **Dept 512, #8B-3110 8th Street East, Saskatoon, Sask. S7H 0W2**

1. Coach's Technical Knowledge

What is the coach's general technical knowledge and skill level with respect to soccer?

1-Excellent 2-Good 3-Average 4-Poor 5-Weak

2. Coaching Ability

What is the coach's ability to pass that knowledge and technical skill on to the players?

1-Excellent 2-Good 3-Average 4-Poor 5-Weak

3. Progression of Team's Technical & Tactical Skills

How much did the level of play increase from the beginning of the season to the end?

1-Excellent 2-Good 3-Average 4-Poor 5-Weak

4. Relationship With Players

1-Excellent 2-Good 3-Average 4-Poor 5-Weak

5. Relationship With Parents

1-Excellent 2-Good 3-Average 4-Poor 5-Weak

6. Did your child enjoy the season with this coach?

1-Excellent 2-Good 3-Average 4-Poor 5-Weak

7. What did this coach do very well?

8. Where could this coach improve?

9. General Comments

Do you have any other general comments about this coach?