

Bay Harbor Minor Hockey Association Coaching Evaluation

Dear Hockey Parents and Players,

The success of our program and development of your player is, in part, directly related to the quality of our coaching. It is critical to our program that we receive feedback that can be an aid for coaches to make necessary adjustments. The Board of Bay Harbor would appreciate our parents and players completing an evaluation for each of their coaches. Please feel free to make multiple copies so that you can evaluate each coach (head coach and assistants) and feel free to keep your name confidential. Mail your completed Evaluation forms to Bay Harbor Minor Hockey Association Attn: Danny Pearson; 2614 Loftyview Drive, Torrance, CA 90505 or hand deliver them to any Board member. We would like to receive these evaluations for the coaches' current year of coaching.

| Team: | | Coach | 's Name: | | | | | |
|---|---------|-------|----------|---|---|---|-------------|--|
| | SCORING | | | | | | | |
| | POOR 0 | 1 | 2 | 3 | 4 | 5 | EXCELLENT 6 | |
| COMMUNICATION | | | | | | | | |
| Did the Coach communicate in an effective and timely manner with Parents | | | | | | | | |
| Was the Coach open to your questions and concerns | | | | | | | | |
| Did the Coach communicate well with the Players | | | | | | | | |
| | | | | | | | | |
| PREPARATION | | | | | | | | |
| Do you feel you received information about the commitment required to participate at your teams' level of competition | | | | | | | | |
| Did the Coach demonstrate sufficient knowledge of hockey to coach at this level | | | | | | | | |

| POOR 0 | 1 | 2 | 3 | Д | 5 | EXCELLENT 6 |
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| Ŭ | 1 | 4 | 3 | 7 | 5 | |

| PREPARATION (continued) | | | | |
|--|--|--|---|--|
| Did the Coach demonstrate an ability to identify player's individual needs, to teach and improve the skills needed to play hockey balance, edge control, striding, stopping, etc.), as well as the other individual skills needed to play hockey (stick handling, shooting, passing, checking, goalie development, etc.) | | | | |
| Did the Coach demonstrate an ability to teach and improve each child's team skills and concepts needed to play hockey at this level (offensive and defensive zone positions, play making, fore checking, back checking, goalie development, etc.) | | | | |
| Were practices organized and well controlled. | | | | |
| Did the Coach take time to explain the drills and concepts | | | | |
| Were practice times used effectively with drill designed to develop individual and team skills | | | | |
| Were practice times used to simulate game situations | | | | |
| Was the Coach prepared for games | | | | |
| | | | | |
| BEHAVIOR | | | T | |
| Did the Coach provide the team with a positive attitude | | | | |
| Did the Coach explain to the players the conduct expected on and off the ice | | | | |
| Was positive reinforcement used as well corrective criticism | | | | |

| | POOR 0 | 1 | 2 | 3 | 4 | 5 | EXCELLENT 6 |
|----------------------------------|-----------|---|---|---|---|---|-------------|
| | | | | | | | |
| BEHAVIOR (continued) | | | | | | | |
| Did the Coach enforce discipline | | | | | | | |

| BEHAVIOR (continued) | | | | | |
|--|-----|----|--|--|--|
| Did the Coach enforce discipline within the team | | | | | |
| Did the Coach treat all players fairly and equally during games, and practices, on and off the ice | | | | | |
| Did the Coach exhibit conduct becoming to a coach while on the bench, during practices, in the locker room or elsewhere during team activities | | | | | |
| Did the Coach promote good sportsmanship in both winning and losing | | | | | |
| Is the Coach a good motivator | | | | | |
| Did the coach demonstrate respect for the referees | | | | | |
| Did the coach demonstrate respect toward opponents | | | | | |
| | | | | | |
| OVERALL | | | | | |
| Did your child have a positive year | | | | | |
| Was there improvement of your players' skills | | | | | |
| Was there improvement in their knowledge of the game | | | | | |
| Rate your overall satisfaction with the Coach | | | | | |
| Were you satisfied with playing time | | | | | |
| Would you recommend this coach for next year | VES | NO | | | |

Comments are encouraged and welcomed. Please use reverse side if necessary.

YES

NO

Are you a player or a parent? (Please circle one). Completed by (optional):_____