

GENEVA PARK DISTRICT YOUTH SPORTS EVALUATION

Program Name: _____ Season: _____ Coach/Instructor: _____

Overall, were you satisfied with this program? Yes No

Please rate the coach (es)/instructor in the following categories: (1 = Poor, 5 = Excellent)

Treated children fairly	1	2	3	4	5
Took safety precautions	1	2	3	4	5
Knowledge of activity	1	2	3	4	5
Enthusiasm/ Encouragement	1	2	3	4	5
Communication with parents	1	2	3	4	5
Coaching ability	1	2	3	4	5
Planned appropriate activities	1	2	3	4	5

Any comments/suggestions regarding coaches: _____

Please rate the following categories: (1 = Poor, 5 = Excellent)

Gymnasium/Field conditions	1	2	3	4	5
Class/Team Size	1	2	3	4	5
Schedule	1	2	3	4	5
Equipment/uniform	1	2	3	4	5
Officials/Umpire/Staff	1	2	3	4	5
Price	1	2	3	4	5

Any comments suggestions regarding the above categories: _____

Would you register for another program with this coach/instructor? Yes No

If no, please explain: _____

Would you enroll your child in this program again? Yes No

If no, please explain: _____



GENEVA PARK DISTRICT
"An Illinois Distinguished Agency"

OPTIONAL

NAME: _____ PHONE: _____

Please use back side for additional comments