

**St. Michael School**

**Girls Volleyball Evaluation Form**

The St. Michael Athletic Association would appreciate honest and fair responses from both the parents and the student that played in the Girls Volleyball program to the following series of questions to help us continue to make the program the best it can possibly be to be consistent with the mission statement of the Athletic Association. Replies are due by **Friday, March 26**.

**Any and all feedback will be confidential as to the family name/players name.**

**Please RETURN THIS FORM TO THE SCHOOL OFFICE to the attention of: St Michael Athletic Dept.**

Coach Name: \_\_\_\_\_ Grade/Team: \_\_\_\_\_

Family Name(Optional): \_\_\_\_\_

**Scale:**      1                      2                      3                      4                      5  
Strongly Disagree                      Neutral                      Strongly Agree

**To be completed by the student/player:**

1. Did you enjoy being on the VB team? 1 2 3 4 5  
Explain: \_\_\_\_\_  
\_\_\_\_\_

2. Did you learn more about VB as a game? 1 2 3 4 5  
Explain: \_\_\_\_\_  
\_\_\_\_\_

3. Do you think you are a better player now than you were at the beginning of the season?  
1 2 3 4 5  
Explain: \_\_\_\_\_  
\_\_\_\_\_

4. Are you planning to play again next year? 1 2 3 4 5  
Explain: \_\_\_\_\_  
\_\_\_\_\_

5. What was your favorite part of practice, and your least favorite part of practice?  
Favorite: \_\_\_\_\_  
Least Favorite: \_\_\_\_\_

6. Do you feel that your coach treated you fairly and with respect? 1 2 3 4 5  
Explain: \_\_\_\_\_  
\_\_\_\_\_

7. Did you think playing time was done fairly? 1 2 3 4 5  
Explain: \_\_\_\_\_  
\_\_\_\_\_

8. What would you change to help next year's team?  
\_\_\_\_\_  
\_\_\_\_\_

See back of page for Parent(s) Questions and Answers.

To be completed by the parent(s):

1. Did your child enjoy the VB experience? 1 2 3 4 5

Explain: \_\_\_\_\_  
\_\_\_\_\_

2. Do you feel that your child improved as a player and did the team improve overall? 1 2 3 4 5

Explain: \_\_\_\_\_  
\_\_\_\_\_

3. Did you feel the coach adjusted well to game situations? 1 2 3 4 5

Explain: \_\_\_\_\_  
\_\_\_\_\_

4. Do you feel there was adequate practice time for the team and do you think the number of games was appropriate? Circle your answer.

**Practice time:** Too many Not enough Just right

**Games:** Too many Not enough Just right

5. In your opinion, was playing time administered fairly? 1 2 3 4 5

Explain: \_\_\_\_\_  
\_\_\_\_\_

6. Was the coach's public conduct at games acceptable? 1 2 3 4 5

Explain: \_\_\_\_\_  
\_\_\_\_\_

7. Do you feel your child was treated with respect by the coach? 1 2 3 4 5

Explain: \_\_\_\_\_  
\_\_\_\_\_

8. How would you rate the coach's communication with parents on a scale of 1-10? \_\_\_\_\_

9. Please provide suggestions that you think would help with the VB program:

\_\_\_\_\_  
\_\_\_\_\_

10. What ways are you willing to volunteer to help with the suggestions in #10 above?

\_\_\_\_\_  
\_\_\_\_\_

Any additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_