



West Bend United Soccer Club - Parent Evaluation Form



Please print this form and mail to: West Bend United Soccer Club
P.O. Box 773
West Bend, WI 53095

Age: _____ Boys Girls (Circle One)
Coach: _____ Team Name: _____
Season: Fall/Spring (Circle One) Date Form Completed: _____

Circle the number that applies						
Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
1	2	3	4	5	6	7

My Child's Coach . . .

- 1. Has displayed good sportsmanship at all times 1 2 3 4 5 6 7
- 2. Has a good level of self control during games 1 2 3 4 5 6 7
- 3. Maintains control of players at games and practice 1 2 3 4 5 6 7
- 4. Relates well to the children on the team 1 2 3 4 5 6 7
- 5. Is motivating my child to be a better soccer player 1 2 3 4 5 6 7
- 6. Treats all players as equals 1 2 3 4 5 6 7
- 7. Communicates well with the parents 1 2 3 4 5 6 7
- 8. Communicates well with the players 1 2 3 4 5 6 7
- 9. Does not emphasize winning at all costs 1 2 3 4 5 6 7
- 10. Has organized productive practices 1 2 3 4 5 6 7

My child . . .

- 1. Is enjoying playing soccer on this team 1 2 3 4 5 6 7
- 2. Gets along well with the other players on the team 1 2 3 4 5 6 7
- 3. My child's skill is improving at an acceptable rate 1 2 3 4 5 6 7

I would like for this coach to continue coaching my child. **Yes No Maybe**

Additional comments:
