

KATY GIRLS SOFTBALL

League Coaching Staff Evaluation

Team Name: _____ Age Group: ___ 6&U ___ 8&U ___ 11&U ___ 12&UP

Evaluation form filled out by: ___ Player ___ Parent ___ Player & Parent together

1 = Excellent 2 = Above Average 3 = Average 4 = Needs Improvement 5 = Unsatisfactory 6 = Not Acceptable

Names: (Please Fill in)

	_____ Manager	_____ Assistant Coach	_____ Assistant Coach
Working with: Players	_____	_____	_____
Parents	_____	_____	_____
Coaching Staff	_____	_____	_____
Umpires	_____	_____	_____
Teaching Skills	_____	_____	_____
Communication/Players	_____	_____	_____
Softball Knowledge	_____	_____	_____
Fundamentals	_____	_____	_____
Pitching	_____	_____	_____
Offense	_____	_____	_____
Strategy	_____	_____	_____
Rules	_____	_____	_____
Practices: Challenging	_____	_____	_____
Beneficial	_____	_____	_____
Safe/Fun	_____	_____	_____
Fairness	_____	_____	_____
Discipline	_____	_____	_____
Attitude	_____	_____	_____
Enthusiasm	_____	_____	_____

Would you as a parent want your daughter to play for this manager next season? Yes ___ No ___ Undecided ___

Would you as a player want to play for this manager next season? Yes ___ No ___ Undecided ___

Would you recommend that KGSA allow this manager to coach again? Yes ___ No ___ Undecided ___

HOW WOULD YOU RATE THE MANAGER ADMINISTRATIVE SKILLS:

1 = Excellent 2 = Above Average 3 = Average 4 = Needs Improvement 5 = Unsatisfactory 6 = Not Acceptable

Planning & Scheduling - practices, communication, team meetings, timely and accurate information _____

Any Assistant Coaches you would recommend for a manager? ___ Yes ___ No

Please explain: _____

Comments/Suggestions regarding Manager & Coaching staff: _____
