



## 2020-21 Livingston Blues Youth Hockey Season

### COACH EVALUATION FORM

The Livingston Blues Executive Board and ACE Coordinator would like to receive your feedback regarding this season's coaching staff of your child's hockey team. Your feedback is an important contribution to the selection and training of future coaches.

To submit your feedback, simply fill out this evaluation form and return as follows by March 8, 2019:

Mail to:	Return to:	E-mail:
Livingston Blues Youth Hockey Attn: ACE Coordinator P.O. Box 461 Geneseo, NY 14454	ACE Coordinator's Mailbox at the ice rink <b>Note: Please place in a sealed envelope</b>	ACE Coordinator Mike Dale hillndale44@gmail.com

The ACE coordinator will review the forms. Using your name is **NOT** required, but please consider doing so as some of the feedback could be more useful, if follow up is needed. Both positive and negative feedback is appreciated. The Association recognizes the importance of privacy. General feedback will be given to the coach, **NOT** the actual forms. Coaches **WILL NOT** be given names of those who provided feedback. Thank you for your support and commitment to improving Livingston Blues Youth Hockey. Please fill out a separate form for each **Head** and **Assistant Coach**.

TEAM: \_\_\_\_\_

COACH'S NAME: \_\_\_\_\_

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
1. The coach had good demeanor with players, parents, coaches, and referees.	1	2	3	4	5
2. The coach established clear goals for the team and the season.	1	2	3	4	5
3. The coach was a model of good sportsmanship.	1	2	3	4	5
4. The drills and skills taught at this team's level were appropriate.	1	2	3	4	5
5. The coach made a consistent effort to give each player approximate equal playing time.	1	2	3	4	5
6. The coach participated in team activities.	1	2	3	4	5
7. All players learned and developed as a result of this coach.	1	2	3	4	5
8. There was adequate communication during the season between the coach and parents.	1	2	3	4	5
9. The coach modeled a positive attitude and behavior toward the game and players.	1	2	3	4	5
10. Practices were well organized.	1	2	3	4	5
11. This hockey season was fun for your player?	1	2	3	4	5
12. The skills of your player have improved since the beginning of the season.	1	2	3	4	5
13. The locker room supervision policy was followed and enforced by the coach.	1	2	3	4	5
14. Coach maintained control of players, parents, and other coaches, during games and practices.	1	2	3	4	5
15. You would recommend this coach for next season.	1	2	3	4	5

In this area we would like to have your opinion of how your season went with your coach.

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Also please tell us if there were any items or issues we may have left out of this evaluation.

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**Goaltenders Parents Only**

Please provide any suggestions you may have to improve our program for goaltenders.

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**Thank you for taking the time to fill out this form. The information you have given us will be kept private. The ACE Coordinator needs your input to help us better develop our coaching staff.**