

Representative Player/Parent Survey Form.

Please complete this survey form and hand back to the team Manager at the completion of the tournament.

Please be aware that this form may be handed in anonymously. If you wish to advise your name, you are free to do so. Please seal your survey in the envelope supplied.

Questions are on a scale of 1 to 5:

1 = Extremely Poor

2 = Poor

3 = Average

4 = Above Average

5 = Excellent

Question	1	2	3	4	5
HEAD COACH					
How would you assess the Coach's performance and conduct at all training sessions and games?					
Comments:					
How would you assess the Coach's teaching of principles of softball to the team?					
Comments:					
How would you assess the Coach's ability to develop and maintain a positive team attitude?					
Comments:					
How would you assess the Coach's attendance to training sessions?					
Comments:					

Question	1	2	3	4	5
How would you assess the scheduled times of training and games?					
Comments:					
Do you feel that the training program was appropriate for this age group?					
Comments:					
ASSISTANT COACH:					
How would you assess the Assistant Coach's performance and conduct at all training sessions and games?					
Comments:					
How would you assess the Assistant Coach's teaching of principles of softball to the team?					
Comments:					
How would you assess the Assistant Coach's attendance to training sessions?					
Comments:					

Question	1	2	3	4	5
MANAGER					
How would you assess the Manager's performance and conduct at all training sessions and games?					
Comments:					
How would you assess the Manager's ability to maintain a positive team attitude?					
Comments:					
How would you assess the Manager's attendance to training sessions?					
Comments:					
How would you assess the overall management of the team?					
Comments:					
How would you rate the overall communication between Management and yourself?					
Comments:					
SCORER					
How would you assess the overall scoring of the team?					
Comments:					

Question	1	2	3	4	5
GENERAL					
How would you rate your or your child's overall development in this Rep Team?					
Comments:					
How would you rate the development of the Rep Team as a whole?					
Comments:					
How would you rate your or your child's overall experience in this Rep Team?					
Comments:					
How do you think we can better our Representative Program:					
<p>Would you be interested in learning more information about how to become involved as an official in a Representative Team?</p> <p style="text-align: center;">YES NO</p>					

Please circle: **BOYS** **GIRLS**

U/11 U/13 U/15 U/17 U/19 OPEN

Name: _____ (Optional)

Thank you for completing this form.