

HHASA Coach Evaluation Form

Evaluations may be turned in at any HHASA concession stand or they may be mailed to:

HHASA
 980 Quiet Bay Circle
 Cicero, IN 46034

Age Level at which your child played during 2008 season (circle one)

		Baseball			Softball			
Tee Ball	Pee Wee	Rookie	Minor	Major	8U	10U	12U	14U

Team Name: _____

Team Coach: _____

1. What level of baseball/softball knowledge did your child's coach demonstrate throughout the season (circle one)?

None	Limited	Average	Above Average	Exceptional
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Comments (optional):

2. As a parent/guardian, were you satisfied with the level of baseball/softball instruction provided to your child during the season (circle one)?

Very dissatisfied	Could have been better	Satisfied	Very Pleased	More than expected
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Comments (optional):

3. How would you rate your child's coach in terms of his/her communication skills with parents (circle one)?

None	Below Average	Average	Above Average	Exceptional
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Comments (optional):

4. Would you recommend this coach to others and/or would you request this coach in the future for your own child (circle one)?

No way	Doubtful	Neutral	Probably	Highly recommend
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Comments (optional):

5. Was the 2008 baseball/softball season a positive or a negative experience (circle one)?

Very Negative	Negative	Satisfactory	Positive	Very Positive
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Comments (optional):

Your Name (optional): _____