**Madison Youth Football Evaluation 2016**

**Please return completed survey to the following email** **crystalsiskaylor@yahoo.com****.**

The evaluation below will be used to help us improve our program and all input either positive or negative is greatly appreciated. Your comments will remain anonymous and will be used to evaluate our program and coaches from a parent’s perspective.

Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Optional)

PROGRAM EVALUATION

Unacceptable Poor Average Good Excellent

**Please rate the following 1 2 3 4 5**

*Program Organization* ❑ ❑ ❑ ❑ ❑

*Registration* Online ❑ ❑ ❑ ❑ ❑

Manual ❑ ❑ ❑ ❑ ❑

*Merchandise Availability* ❑ ❑ ❑ ❑ ❑

*Communications (newsletter, email)* ❑ ❑ ❑ ❑ ❑

*Promoting Safety and Development* ❑ ❑ ❑ ❑ ❑

*Overall Experience* ❑ ❑ ❑ ❑ ❑

*Use of Team Parents* ❑ ❑ ❑ ❑ ❑

Will your athlete return next year? ❑ Yes ❑ No If not, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you recommend the football program to others? ❑ Yes ❑ No

Specific comments about the overall program:

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COACH EVALUATION

Unacceptable Poor Average Good Excellent

**Please rate the following 1 2 3 4 5**

Attendance by the Head Coach ❑ ❑ ❑ ❑ ❑

Communication with parents ❑ ❑ ❑ ❑ ❑

Equal playing time ❑ ❑ ❑ ❑ ❑

Is your athlete having fun? ❑ ❑ ❑ ❑ ❑

Specific comments about the coaching staff:

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