



Coach Assessment Form

Team Name _____ Team Division _____

This evaluation form is read and reviewed by a selected group of PDMHA Executive. The purpose of this form is to help us determine future coaching positions and to use your suggestions to help improve our Association. Please answer each question as honest and truthfully as possible with a rating of 1 to 4 (where appropriate) with 1 being the lowest and 4 being the highest.

Name of Coach Being Evaluated _____

Coaching Questions - place 1-4 (1 being the lowest and 4 the highest) •

Quality being evaluated	Score 1-4 (1 being the lowest 4 the highest)
Communicates well with players	
Communicates well with parents	
Respectful of officials and opposing team	
Promotes respect from team players	
Encourages team play	
Is at all practices	
Is at all games	
Knowledge of the game and rules of hockey	
Comes prepared for practices and games	
Discipline on and off ice	
Is there foul language used by the coach	
Would recommend this person to coach my child again	

Additional Comments _____

Your Name (optional) _____