



KETCHIKAN HIGH SCHOOL

Sam Nelson – Principal
 Mike Rath – Vice Principal
 Lynn Wadley – Activities Coordinator

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COACH'S ASSESSMENT FORM

(Circle One) **PLAYER** **PARENT**

Parents/Students:

We are seeking your input to review our sport/athletic programs. Your opinion is taken into consideration when evaluating our programs and identifying patterns of support or concern. Please take a few minutes of your time to fill out this short survey. Your input is anonymous unless you add your name. However, please recognize that the form and your written comments will be shared with the person for whom you are providing input. Please try to focus on comments that will reward a person for good performance or make specific suggestions on how performance might improve. You may make as many copies as you need of this form. Please return this assessment form via U S Mail or drop it by either the Activities or Main Office. Thank you.

SPORT: _____

LEVEL (circle) **C** **JV** **V**

COACH'S NAME: _____

DATE: _____

Please rate the coach in each area on a scale of 1 to 5, with 1 being poor and 5 being excellent. Circle the appropriate number or NA if not applicable, or if you are not able to rate the coach in an area.

		Poor	Fair	Good	Very Good	Excellent	Not Applicable
1)	Communication with parents	1	2	3	4	5	NA
2)	Communication with players	1	2	3	4	5	NA
3)	Organizational Skills	1	2	3	4	5	NA
4)	Motivation of players/team	1	2	3	4	5	NA
5)	Discipline of team/players	1	2	3	4	5	NA
6)	Knowledge of the sport	1	2	3	4	5	NA
7)	Prevention and care of injuries	1	2	3	4	5	NA
8)	Attitude/conduct during games	1	2	3	4	5	NA
9)	Attitude/conduct during practice	1	2	3	4	5	NA
10)	Ability to teach skills	1	2	3	4	5	NA
11)	Overall rating of coach	1	2	3	4	5	NA

Please add any comments below or on a separate piece of paper.

Name (Optional) _____