

Pickering Softball Association Feedback

(For Player and/or Parent /Guardian to Complete)

Date: ___mm___/___yyyy___

Coach: _____

Division (eg: MiteSquirt Boys): _____

Assistant Coaches: _____

Team Name: _____

Your Name (Optional): _____

<i>Question</i>	<i>Answer</i>	<i>Comments</i>	
<i>Please circle answers. If answering "NO" to the following questions, please elaborate in comments section;</i>			
Would you play for this coach again if you had a choice?	Yes / No		
Has your son/daughter enjoyed playing this season?	Yes / No		
Did the coaches demonstrate an understanding of the game appropriate for the level, which s/he is coaching?	Yes / No		
Which trait best characterizes your coaches? A) Allows players to exercise some independence while allowing mistakes which are tactfully addressed. (ie: Provides appropriate direction to allow optimal player development and enjoyment). B) Over coaches (ie: excessive direction) C) Under coaches (ie: little or ineffective direction)	A / B / C		
Did your coaches manage conflict well (player problems, parent problems etc.)?	Yes / No		
Did your team demonstrate sportsmanship and respect for all others?	Yes / No		
Has playing time been fair?	Yes / No		
Were the coaches punctual?	Yes / No		
Did your coaches demonstrate sportsmanship and respect for all others?	Yes / No		
<i>If answering "YES" to following questions, please elaborate in comments sections:</i>			
Did your coaches play favorites?	Yes / No		
Was the coach influenced by individual demands / ultimatums (player or parent?)	Yes / No		
Has your son or daughters self esteem, confidence or self-image ever been compromised?	Yes / No		
Were you or your child afraid to make a mistake because the coach may yell at you or make you feel uncomfortable?	Yes / No		
Have you ever been aware of or observed any inappropriate behavior directed toward any player on your team or in the league?	Yes / No		
What percentage of the games did you attend?	Less than 50% ___	50% to 75% ___	75% to 100% ___
How many players would you recommend be on each team within this division next season?	10 ___	11 ___	12 ___

Please use back of form to write any additional comments that you might have pertaining to the Pickering Softball Association program including coaching, umpiring, league executive, pictures, uniforms and awards.

Thank you for completing this form. Your input is important to the future success of our programs.

**Form may be returned to the PSA Registration table on Champions Day Weekend
or mailed (on or before September 15th) to**

President; Pickering Softball Association; 1550 Kingston Road; Suite 1307; Pickering Ontario; L1V 6W9