

YMS Coach Evaluation Report

Yardley Makefield Soccer
430 Hidden Oaks Drive
Yardley, Pa 19067

Evaluator's Name:(optional) _____ Email: _____ Coach's Name: _____

Team: _____ Age Group: _____ Gender: _____

Did Coach present themselves in a professional manner

always sometimes never not sure

Did coach present themselves in a professional manner to players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did coach present themselves in a professional manner to opposing coaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did coach present themselves in a professional manner with officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was coach organized/communicate well with team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did Coach work well with others

Did coach work well with players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did coach work well with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did coaches work well with other coaches on the team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did the coach have control of his team

Did coach have control of his players during the games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did coach have control of his team during practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you recommend this person as a coach and role model for our youth	yes <input type="checkbox"/>	no <input type="checkbox"/>		

Notes:

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How did you feel about the professional training sessions: _____

Who was your professional trainer and how many times a week did your team meet with them _____

Additional Comments: _____

_____ (please use the back of this paper for additional comments.)

All parents are encouraged to complete submit this form:

Coaches /Parents are encouraged to give comments regarding the in house/ travel program and it's training programs /how it helped your team , benefits of the programs, and what you think that could be done to improve or help YMS . Volunteers are always welcome.

If you are interested in coaching, or helping our youth in the game of soccer, please e-mail.....ymspremeir@comcast.net

Submitted by: optional _____ ALL INFORMATION IS KEPT CONFIDENTIAL. Please provide a name, phone number, or e-mail if you wish to be contacted. _____

Please print and mail this form to :YMS 430 Hidden Oaks Drive, Yardley, PA 19067
