

St Monica School

5th and 6th Grade Basketball Program Evaluation

Grade/Gender _____ Your child's head coach: _____

Your Name (optional): _____ May we contact you for further comments? _____

These evaluations will be reviewed by the SMS Athletic Director and Sport Coordinator in order to improve SMS' basketball program. Evaluations, in general terms, may be passed on to the coaches as feedback. **Unless you choose to list your name above, your name will not be used in the evaluation process.**

General (Circle the appropriate answer).

How many practices did you attend or observe	0	1-3	4-6	6+
How many games did you attend	0	1-3	4-6	6+
What was your child's average playing time	25%	50%	75%	100%
Your child's playing time was	about right	too little	too much	

The Coach (Circle the appropriate answer. Please provide explanations for all questions answered 4-poor and 5-very poor).

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very Poor</u>	<u>Don't know</u>
<i>How well did the coach communicate:</i>						
Philosophy on rules, playing time, and expectations	1	2	3	4	5	D
With parents throughout the season	1	2	3	4	5	D
<i>How well did the coach:</i>						
Understand and teach fundamentals of basketball	1	2	3	4	5	D
Engage and encourage ALL players during practice	1	2	3	4	5	D
Play all 5 th grade players equally	1	2	3	4	5	D
Play all 6 th grade players at least one half per game	1	2	3	4	5	D
<i>The coach:</i>						
Set high but appropriate expectations	1	2	3	4	5	D
Was enthusiastic and positive	1	2	3	4	5	D
Was organized and well prepared for practices	1	2	3	4	5	D
Was a proper leader on and off the court	1	2	3	4	5	D
Was on-time and respectful of participants' time	1	2	3	4	5	D
Used discipline appropriately and consistently	1	2	3	4	5	D
Fostered a sense of team pride and school unity	1	2	3	4	5	D
Encouraged a positive attitude toward all SMS teams	1	2	3	4	5	D
Taught intrinsic benefits of sports such as confidence, commitment, sportsmanship, perseverance	1	2	3	4	5	D

The Program (Circle the appropriate answer. Please provide explanations for all questions answered NO).

Did your child enjoy his/her experience?	YES	NO
Was talent evenly split between teams?	YES	NO
Was the team split process fair?	YES	NO
Overall, were conference opponents equal competition?	YES	NO
Overall, were tournament opponents equal competition?	YES	NO
Did you find value in the basketball TEAM MASS?	YES	NO
Does your child plan to play basketball for SMS next year?	YES	NO
Are you willing to coach or join the Athletic Association Board next year	YES	NO
Does your child plan to play basketball in High School?	YES	NO

Are there any other changes you would make regarding the basketball season?

Are there any other long-term improvements to the basketball program you would suggest?

Please add any additional comments on the back.

You may return the form via: School Office: Drop in Kris Mellin's mailbox;

Mail to school: SMS: Athletic Director, 5635 N. Santa Monica Blvd., Whitefish Bay, WI 53217

Thank you for your time. The SMS Athletic Association continues to strive to improve SMS sports programs and your feedback matters!