

BYB Coaching Evaluation Form - 2014 Travel Baseball Season

Team:

Head Coach:

YOUR Name (Optional) _____

Please answer the following questions on a scale of 1 to 5: 5 = excellent/very satisfied 1 = poor/very unsatisfied	
Did your head coach teach the game of baseball to your players?	
Did your assistant coaches teach the game to your players?	
Did the coaching staff increase the player's skill and knowledge of the game throughout the season?	
Did your head coach treat players fairly & consistently?	
Did your assistant coaches treat players fairly & consistently?	
Did your coaching staff praise & criticize players equally?	
Were the pre-season workouts structured and well run?	
Were the in-season practices structured and well run?	
Were the number of pre-season & in-season practices enough?	
Was your coaching staff responsive to parental concerns?	
Did your coaching staff regularly communicate with parents?	
Was your coaching staff organized and in control?	
Did your child enjoy playing for the head coach?	
Did your child enjoy playing with his teammates?	
What is your overall satisfaction with this season?	

1) What do you like best about the Head Coach or his coaching style?

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2) Is there anything that concerns you about the Head Coach or his coaching style?

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3) Did you discuss any concerns with your Head Coach? Were you satisfied with the outcome?

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4) Additional Comments

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PLEASE COMPLETE YOUR QUESTIONNAIRE AND SEND (WITH OR WITHOUT YOUR NAME) TO:

MAIL: BYB P.O. Box 575 Batavia, IL 60510