

Saint Bernard School Athletic Association
 401 Washington Road
 Pittsburgh, PA 15216

Dear Parents of Fall-Winter Athletes,

Now that the fall/winter sport your son or daughter participated in has completed, we would like to give you the opportunity to share with us how the season went. Your responses will be reviewed by Mr. Wagner and the St. Bernard Athletic Association in connection with planning for next year. Please complete and return to the school office by Friday, April 29, 2011. Thank you.

PARENT EVALUATION FORM (Fall/Winter Sports 2010/2011)

Coach: _____ Boys: _____ Girls: _____ Level: _____

Please use the scale to answer the following questions:

	1	2	3	4	5
	Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
1. Coaches were knowledgeable with respect to rules and skills.	1	2	3	4	5
2. Coaches said the diocesan prayer before the game.	1	2	3	4	5
3. Coaches treated my child with respect.	1	2	3	4	5
4. The conduct of the coaches reflected positively on St. Bernard School.	1	2	3	4	5
5. Coaches were good Christian role models.	1	2	3	4	5
6. Goals and objectives were stated and appropriate.	1	2	3	4	5
7. Good sportsmanship and personal development were stressed.	1	2	3	4	5
8. Team practices were well organized.	1	2	3	4	5
9. Communication between coach and parents/athlete was prompt and informative.	1	2	3	4	5
10. The facilities were adequate.	1	2	3	4	5
11. The uniforms were in good condition.	1	2	3	4	5
12. Issues of playing time were appropriately handled.	1	2	3	4	5
13. The Athletic Board was available when necessary.	1	2	3	4	5
14. Participation was a positive experience for my child.	1	2	3	4	5

Comments:

Name (optional): _____