PARENT END OF SEASON/ACTIVITY SURVEY

Note: The Activities Department is committed to improving all of our activities to best meet the needs of our students. Your input is very important to us. Please fill out this form at the end of the season/activity and turn it in to the Activities Director.

Coach/Director’s Name __________________________ Activity __________ Level ________

Parent’s name __________________________________ Date ______________

Instructions: The purpose of this instrument is to help us gain a better understanding of the parent/coach relationship and the experience we are providing from the parent point of view. Please answer the following questions by circling YES NO OR NA (not observed or applicable)

Did your child’s coach/director:

- Show enthusiasm YES NO NA

- Gain Respect of the parents YES NO NA

- Maintain proper perspective on winning/performing YES NO NA

- Appear organized at the beginning and throughout the season YES NO NA

- Communicate practice and contest schedules on a weekly basis YES NO NA

- Effectively communicate changes and initiatives in a timely manner YES NO NA

- Clearly communicate expectations YES NO NA
- Interact in a positive and articulate manner with parents  

- Make you feel like he/she was approachable about parent concerns  

- Explain at the beginning of the season the team and school rules and consequences for misbehavior  

Additional comments:  

Parent’s signature and date: