

PARENT OBSERVATION FORM

Team: _____ Coaches: _____

Parents Names: _____

1. Evaluate the degree to which you believe your child achieved the following (circle one):

	Very Much	Somewhat	Not at all		
a) My child had fun.	1	2	3	4	5
b) My child learned the fundamentals of the sport.	1	2	3	4	5

2. Evaluate the degree to which you believe your child changed on the following characteristics (check one):

	Improved/ Increased	No Change	Declined/ Decreased	Don't Know
a) Physical fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Learning to cooperate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Desire to continue to play hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Development of self-reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Learning specific skills of hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Sportsmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Development of initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Learning to compete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How did the coach do on the following items? (Circle one):

	1-Excellent	2-Good	3-So/So	4-Weak	5-Poor	6-Don't Know
a) Treated your child fairly	1	2	3	4	5	6
b) Kept winning in perspective	1	2	3	4	5	6
c) Took safety precautions	1	2	3	4	5	6
d) Organized practice and contests	1	2	3	4	5	6
e) Communicated with you	1	2	3	4	5	6
f) Was effective in teaching skills	1	2	3	4	5	6
g) Encouraged your child	1	2	3	4	5	6
h) Recognized your child as a unique individual	1	2	3	4	5	6
i) Held your child's respect	1	2	3	4	5	6

4. Please give any additional comments in the space below and on the back. Perhaps you have some constructive criticism or praise to offer.

*Thank you for taking the time to complete this Mid-Season Questionnaire,
your feedback is important to us!*