

HAMPTON ATHLETIC ASSOCIATION

2009 Post Season Parent Evaluation Form

League _____ Team _____

Manager's Name _____

A. Evaluate the degree to which you believe your son or daughter achieved the following
(Circle one):

	<u>Very much</u>		<u>Somewhat</u>		<u>Not at all</u>
My child had fun.	1	2	3	4	5
My child learned the fundamentals of the sport.	1	2	3	4	5

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

	<u>Improved/ Increased</u>	<u>No change</u>	<u>Declined/ Decreased</u>	<u>Don't know</u>
Physical fitness	I	NC	D	DK
Learning to cooperate	I	NC	D	DK
Self-confidence	I	NC	D	DK
Desire to continue to play this sport	I	NC	D	DK
Development of self-reliance	I	NC	D	DK
Learning specific skills of this sport	I	NC	D	DK
Leadership skills	I	NC	D	DK
Sportsman-like behavior	I	NC	D	DK
Development of initiative	I	NC	D	DK

C. How did the Manager do on the following items? (Circle one):

	<u>Excellent</u>	<u>Good</u>	<u>So-So</u>	<u>Weak</u>	<u>Poor</u>	<u>Don't Know</u>
Treated your child fairly	E	G	SS	WW	P	DK
Kept winning in perspective	E	G	SS	WW	P	DK
Took safety precautions	E	G	SS	WW	P	DK
Organized practice and contests	E	G	SS	WW	P	DK
Was effective in teaching skills	E	G	SS	WW	P	DK
Encouraged your child	E	G	SS	WW	P	DK

D. Manager's attendance at games and practices (please circle) **100%** **75%** **25%**

E. I would permit my child to play for this Manager again Yes ____ No ____

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