

**ST. THOMAS MORE ATHLETICS
PARENTS EVALUATION FORM**

Your input is important to us. We ask that you please take the time to complete the questions below and return this form to the school office. These evaluations are an important tool in making improvements to the sports programs.

Grade _____ Sport _____ Coach _____

1. *Based on your child's experience this season, would you enroll your child to participate in this program next year?*

Yes No Maybe *Comments:*

2. *Were you pleased with the organization of the program? (i.e. Practice times, game times, schedules, etc.)*

Yes No Somewhat *Comments:*

3. *Did your volunteer coach meet your expectations?*

Yes No Somewhat *Comments:*

4. *Would you be willing to volunteer to coach in this program next year?*

Yes No Maybe *Name and phone number if yes:*

5. *Did the officiating of the program meet your expectations?*

Yes No Somewhat *Comments:*

6. *Did the program meet your expectations?*

Yes No Somewhat *Comments:*

7. *Did you find the fees acceptable?*

Yes No *Comments:*

8. *Were the practice/game courts and facilities adequate for this program?*

Yes No *Comments:*

What suggestions can you make that you feel would improve this program?

Additional comments:

Name (optional) _____

(Responses are weighted the same whether you sign your name or not)

(A name will be required if you would like a response from the Athletic Board)