BBLYHA COACHING EVALUATION FORM

TEAM: _____

RELATIONSHIP TO PLAYER (Circle One) PARENT PLAYER COACH

Please Rate the Following:	**POOR**				**EXCELLENT**
PRACTICES PLANNED & ORGANIZED	1	2	3	4	5
HOCKEY FUNDAMENTALS TAUGHT	1	2	3	4	5
TEAM PLAY TAUGHT	1	2	3	4	5
SPORTSMANSHIP TAUGHT	1	2	3	4	5
COMMUNICATION BETWEEN COACH & PLAYER	1	2	3	4	5
COMMUNICATION BETWEEN COACH & PARENTS	1	2	3	4	5
OVERALL SEASON RATING	1	2	3	4	5
HEAD COACH OVERALL RATING	1	2	3	4	5
ASSISTANT COACH OVERALL RATING	1	2	3	4	5

Name: _____

ASSISTANT COACH OVERALL RATING	1	2	3	4	5

Name: _____

HEAD COACHES STRENGTHS _____

HEAD COACHES WEAKNESSES _____

RETURN THIS FORM TO YOUR TEAM MANAGER OR MAIL TO
BBLYHA, C/O COACHING COORDINATOR, P.O. BOX 294, BECKER, MN 55308