

SOLL Summer Ball Feedback

Player Name:

Division: Coach Pitch Minors Majors Junior Senior (pls circle one)

Level: Canadian (A) National (B) (pls circle)

We appreciate your feedback. Confidentiality will be respected -- your rankings and comments will be compiled in aggregate by the President and VP, Coaching (Peggy Pratt/Carl Suri) and provided to organizers and coaches and in a spirit of continual improvement of skills and programs for the benefit of our players.

	1-Poor	3-Good	5-Excellent	1	2	3	4	5
Manager (Head Coach) Name:								
1. Knowledge of the game				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attitude towards players.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attitude towards parents.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communication				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Organized and prepared for games/practices				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Shows proper leadership on and off the field				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Would you recommend this coach?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Yes /				
No								

Assistant Coach Name:								
1. Knowledge of the game				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attitude toward players				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Shows proper leadership on and off the field				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Would you recommend this coach?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Yes /				
No								

Assistant Coach Name:								
1. Knowledge of the game				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attitude toward players				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Shows proper leadership on and off the field				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Would you recommend this coach?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Yes /				
No								

Please rate your child's overall experience with summer ball:

Poor Fair Good Excellent

Comments

Please rate your overall experience with summer ball:

Poor Fair Good Excellent

Comments:

Please comment on anything you think the league should start doing, stop doing or continue to do related to any aspect of the program (ie: communication, tryouts, equipment, website, tournaments.....any part of the program you wish to mention)

Start Doing:

Continue Doing:

Stop Doing:

Please return to Peggy Pratt, President
peggy.pratt@f55f.com or by mail 92 Malhotra Court Ottawa K1V 1K2