

Hillsdale Baseball & Softball Association

HEAD AND ASSISTANT COACH RATINGS

The HBSA would appreciate your feedback in helping us evaluate those who coached your children. Your responses will be held in strict confidence by the board. Please forward your completed form to the HBSA, P.O. Box 124, Hillsdale, NJ 07642. OR Give to the coordinator of your league. *We would appreciate the forms being returned by JUNE 15th – JUNE 21st.*

Your Name: (optional) _____ Baseball or Softball Grade: _____

Head Coach Name: _____

Assistant Coach(es): _____

Please circle your selection. 5 is most favorable, 1 is least favorable.

My child had fun. 1 2 3 4 5

My child knows more about the sport than *before* we started. 1 2 3 4 5

The Head coach was knowledgeable about the sport. 1 2 3 4 5

The players were treated fairly. 1 2 3 4 5

The practices were instructional. 1 2 3 4 5

The Head coach controlled his/her team players and their behavior. 1 2 3 4 5

All the coaches conducted themselves in an appropriate manner. 1 2 3 4 5

I would recommend the Head coach for next season. 1 2 3 4 5

I would recommend the Assistant coaches for next season. 1 2 3 4 5

General Comments Regarding: (USE BACK IF NEEDED)

Head Coach: _____

Assistant Coaches: _____

THANK YOU for helping to make HBSA a better place for our kids!