

# NYSA Football Coaches Performance Evaluation

For Player, Parents, and Assistant Coaches

Coach Name: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name (optional): \_\_\_\_\_

Please fill out the following form to rank your coach on their effectiveness in the following areas. For scores less than 3, please explain the reason for the low score in the comments section provided below.

1-Poor      3 Good      5-Excellent      1      2      3      4      5

Personal. How was the coach's:

1. Appearance.
2. Attitude towards players.
3. Attitude towards parents.
4. Promptness
5. Dependability.
6. Enthusiasm

The Sport. How well did your coach:

1. Know the game of football?
2. Organize and prepare for practices?
3. Organize and prepare for games?
4. Show proper leadership on and off the field?

Communication. How well did you coach:

1. Communicate with the players?
2. Communicate with the parents?
3. Communicate with other volunteers?

Would you return to this coach's team?	Yes	No
Would you recommend to this coach?	Yes	No

Comments: (Please use an additional sheet if not enough space is provided below)

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Please mail form to:

Navarre Youth Sports Association • P.O. Box 5518 • Navarre Florida • 32566