

# Belle River District Minor Hockey Association



Belle River, Ontario



## Coaches Evaluation Form (player form)

Divison:

House League

Travel

Coach's Name:

Player's Name

Please assist us in improving BRDMHA by taking the time to evaluate your coach. This survey is confidential, and will tell us how our coaches are doing and what we need to do to improve.

Please answer yes or no to the following

1- I enjoyed being on this hockey team Yes / No

2- I learned how to make myself a better player Yes / No

3- My coach let me ask questions and always answered them Yes / No

4- Do you want to try out for this team again next year ? Yes / No

5 What was your favourite thing to do at practices ?

6 What was your least favourite thing to do at practice ?

7 Did you think your playing time was fair ? How could it have been better ?

8- What would you change to help next years team get better ?

**\*\*PLEASE RETURN THIS FORM TO THE REFEREE BOX (NEAR THE SKATE SHOP) \*\***



