

**PARENT EVALUATION OF COACHES**

Name of Coach \_\_\_\_\_

Sport \_\_\_\_\_

The Taos Municipal Schools and administration are committed to offering the highest quality athletic experience for our student athletes. Coaches have a difficult job balancing the development of all players, providing appropriate playing time to individuals, the pressures of winning, and setting the highest standards of sportsmanship. Please provide an honest and fair evaluation of the coach of your son/daughter. The Athletic Director will use the evaluation to provide general feedback of the Coach’s strengths and areas for improvement to each coach. Please mark next to the question with the answer that best describes your experience with this coach. Written comments are appreciated. Signature is optional on this evaluation. Comments are welcome; however, if you give a 1, please provide details in the comment section.

**Please respond to each of the following statements by selecting one of the appropriate choices:**

**4 – Excellent**

**3 – Good**

**2 – Fair**

**1 – Poor, Needs Improvement**

PLEASE RATE HOW EFFECTIVE WAS THE COACH IN:

1. Knowledge of the sport (rules, skills, strategies)
2. Teaching/developing individual player skills
3. Teaching/developing team skills (Offense/Defense)
4. Provides clear instruction
5. Being a good role model
6. Providing acceptable appearance and behavior at games
7. Promoting team moral using positive reinforcement
8. Reaching out to students to participate
9. Providing adequate attention/handling of injuries
10. Understanding and communicating the rules
11. Communicates information to parents in an effective and timely manner
12. Shows enthusiasm for coaching
13. Coaches in a manner that makes the sport fun to play

Comments:

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14. What could this coach have done differently to provide a better athletic experience?

Comments:

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15. Other suggestions to improve the athletic program.

Comments:

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**Parent/Guardian Signature**  
*(Optional)*

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**Date**