



**Canuck Stuff Volleyball Club
Season Evaluation**

Date: _____
 Team: _____
 Athlete: (optional) _____

The Club wishes to provide the best possible youth volleyball program. To do so, we need feedback from the players and parents in the program. Please assist us in this process by filling in this evaluation and returning it to your COACH as soon as possible.

Identifying yourself is optional. However, we do need to know the team you are a member of. We also encourage parents to add their comments. This form can be dropped off at the club office or be mailed to Canuck Stuff Volleyball Club 2825 - 24th Ave. NW T2N 4L6.

Please rank your responses from 1 to 5 and add comments if you wish. (1-very poor) (2-poor) (3-fair) (4-good) (5-excellent)

Please rate your overall experience this season ()
 Rate your overall improvement as a player ()

Coaching:

Knowledgable	()	Physical Conditioning Program	()
Enthusiastic/Motivational	()	Communication with the Coaches	()
Game Coaching	()	Organized	()
Positive/Supportive	()	Would you like the same coach next year?	yes no

Are you happy with the amount you practiced? () _____

Are you happy with the amount you played? () _____

Are you happy with the number of tournaments your team participated in? () _____

Were you happy with the team selection process? Yes No If no, how could we do it differently?

How were communciations with the Club? () _____
 How can the club improve administration? _____

Parents comments : We encourage parents to comment on their son or daughter's experience this season. Our Club mission is to provide the best facilities, administration, coaching and competition that we can in a positive and supportive environment. How did we do? Did your son or daughter have a worthwhile experience?

What is the one thing that we need to improve? _____

What does the Club do well? _____

