

**Eagle River High School**  
**END OF ACTIVITY SURVEY**

Parent \_\_\_\_\_ Player \_\_\_\_\_ (mark one) Date \_\_\_\_\_

SPORT/ACTIVITY \_\_\_\_\_ LEVEL (circle) C JV V N/A

COACH'S NAME \_\_\_\_\_

Please rate the coach in each area on a scale of 1-5, with 1 being poor and 5 being excellent. Circle the appropriate number or NA if not applicable or if you are not able to rate the coach in an area.

1) Communication with parents	1	2	3	4	5	N/A
2) Communication with players	1	2	3	4	5	N/A
3) Organizational skills	1	2	3	4	5	N/A
4) Motivation of players/team	1	2	3	4	5	N/A
5) Discipline of team/players	1	2	3	4	5	N/A
6) Knowledge of the sport/activity	1	2	3	4	5	N/A
7) Prevention and care of injuries	1	2	3	4	5	N/A
8) Attitude/conduct during contests	1	2	3	4	5	N/A
9) Attitude/conduct during practice	1	2	3	4	5	N/A
10) Ability to teach skills	1	2	3	4	5	N/A
11) Overall rating of coach	1	2	3	4	5	N/A

Please add any comments below or on a separate piece of paper:

**RETURN THIS FORM TO ACTIVITIES OFFICE.**

**Eagle River High School**  
**8701 Yosemite Drive**  
**Eagle River, AK 99577**  
**Fax (907) 742-2783**

