Parent/Guardian: Parent/Guardian	Player: Email:					Team name (Age):					
Phone number: E						Date:					
Coach:											
Rate each criterion below by checking the most appropriate number from 1 (poor) to 10 (excellent).											
Criteria	Poor 1			Av	erage .		7	E>	cellent	10	N/A
Communication	-	_	J	·	J	Ü	•	Ü	3	10	.,,,,
With parents/guardians											
With my child											
Behavior											
Positive role model for my child											
Emotional control											
Promotion of good sportsmanship											
Towards officials and opponents											
Teaching											
Age and ability appropriate											
Enhanced social and emotional growth											
Provided safe and positive environment											
Discipline enforcement											
Recognized and addressed issues											
Organization for practices and games											
Knowledge of rules and game											
Overall											
Improvement of my child's skill/knowledge	è										
Care for my child's experience											
Distribution of playing time											
Positive experience for my child											
What changes would you recommend?											