

TEYSA / FC Europa Evaluation Survey

Check/Complete the appropriate team information: (Only Player Name is Optional)

TEYSA _____ FC Europa _____

Boys _____ Girls _____

Coach Name _____

Team Name _____

Player Name (Optional) _____

Please grade your player's Coach in the following areas:

1 = A (excellent) ... 2 = B (good) ... 3 = C (acceptable) ... 4 = D (poor) ... 5 = NA (not applicable)

	1	2	3	4	5
a. Communication with players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Communication with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Encouragement of players to respect opponents and refs, and also to play fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Demonstration of good sportsmanship and a proper win/lose perspective himself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparation for and timely arrival at practices and games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ability to teach age appropriate individual and game related skills and tactics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Adherence to the club's playing time policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Confidence in his technical and tactical soccer knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional feedback about your coach:

Please continue to the next page.

TEYSA / FC Europa Evaluation Survey

Please evaluate your experience with your team.

1 = Strongly agree ... 2 = Agree ... 3 = Disagree ... 4 = Strongly disagree ... 5 = No opinion

	1	2	3	4	5
a. We had enough practice sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. We had long enough practice sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Travel distances for league games are manageable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Games were well refereed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Tournaments were well selected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. We played in a suitable number of tournaments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The level of competition in the tournaments we attended was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide additional feedback about your team experience:

Please continue to the next page.

TEYSA / FC Europa Evaluation Survey

Please evaluate your player's personal experience.

1 = Strongly agree ... 2 = Agree ... 3 = Disagree ... 4 = Strongly disagree ... 5 = No opinion

	1	2	3	4	5
a. My player improved his/her skills this season	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My player improved his/her ability to function as part of a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My player has learned the elements of good sportsmanship in soccer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My player received the expected amount of playing time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The tryouts were conducted in an organized fashion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The tryouts were an appropriate length and frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The evaluators did a good job of observing all of the participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. We were notified in a timely manner of team selection and assignment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide additional feedback about your player's personal experience:

Thank you for taking the time to complete this survey. We appreciate your consideration and willingness to share your thoughts on your child's experience.

Please email your completed survey to:

Evaluation Survey
 c/o TEYSA
 P.O. Box 732
 Devon, PA 19333