

FEEDBACK FOR BENCH VOLUNTEERS

Dear Player and Parents/Guardians: Please take a few moments to complete this voluntary feedback form concerning your son's/daughter's hockey season to date. **THIS IS AN ANONYMOUS ACTIVITY.** You **DO NOT** need to include your name on this sheet if you choose not to. Any information gathered will be shared with all bench volunteers in the form of a summary sheet compiled by the Division Coordinator. Please give this to your team manager or mail to SAMHA PO Box 1454, Summerside, PE C1N 4K4 as soon as possible.

Team: _____ Head Coach _____ Year: _____

Assistant Coach: _____ Trainer _____ Manager _____

PART A: QUESTIONS CONCERNING YOUR COACH AND ASSISTANT COACH(ES).

(Read each one and circle the number that you feel best belongs)

	SCALE				
	LOW	AVERAGE	HIGH	HIGH	HIGH
1. Are you having fun this year?	1	2	3	4	5
2. Are your coaches effective in teaching the skills of hockey?	1	2	3	4	5
3. Are your hockey skills improving?	1	2	3	4	5
4. Do you understand the coaches when they speak to you?	1	2	3	4	5
5. Do your coaches encourage you to do your best?	1	2	3	4	5
6. Do your coaches provide positive feedback?	1	2	3	4	5
7. Do your coaches pressure you to win?	1	2	3	4	5
8. Do your coaches treat all players fairly?	1	2	3	4	5
9. Do your coaches show dedication to your team?	1	2	3	4	5
10. Do your coaches provide challenging drills?	1	2	3	4	5
11. Do you feel comfortable asking questions?	1	2	3	4	5
12. Do your coaches show respect to other teams and officials?	1	2	3	4	5
13. Is your dressing room a fun and comfortable place to be?	1	2	3	4	5
14. Is discipline fair and equal for all players?	1	2	3	4	5
15. Are your coaches patient and understanding?	1	2	3	4	5
16. Do your coaches run practices that are organized?	1	2	3	4	5
17. Are your coaches knowledgeable about hockey?	1	2	3	4	5

PART B: QUESTIONS CONCERNING YOUR TEAM MANAGER. (Read each one and circle the number that you feel best belongs)

	SCALE				
	LOW		AVERAGE		HIGH
1. Your team manager communicates openly with parents and coaching staff.	1	2	3	4	5
2. Your team manager is organized.	1	2	3	4	5
3. Your team manager presents a budget at a monthly parents' meeting.	1	2	3	4	5
4. Your team manager is approachable and represents the best interests of the team.	1	2	3	4	5
5. Your team manager shares and follows the fundraising guidelines for SAMHA.	1	2	3	4	5

PART C: COMMENTS CONCERNING YOUR TEAM TRAINER.

Thank you for taking the time to fill out this form! Your responses are important to ensure that you have a fun and safe year playing hockey. If you or your parents have any suggestions or comments that you want to share, please add them to the bottom of this sheet. Parent signature is voluntary.
