



Cabrillo GALS Coaches Evaluation

In an effort to maintain a positive experience for all involved with the Cabrillo GALS program, the GALS Board would like to solicit your feedback as parents on the current season. Your input will be used to continue to make improvements in the league. When you are finished, please drop the completed form in the collection box at the table as you leave the closing ceremonies, hand it to a Cabrillo GALS board member, or mail it to: Cabrillo GALS P.O. Box 1077 Capitola, Ca. 95010.

Age Division: 8U 10U 12U 14U Team name, number or color: _____

Coach(es): _____

Parent Name (optional): _____

Please rate your experience / observations in the following areas. Feel free to add specific comments.

Instruction

Do you feel your child received adequate instruction? Good Fair Poor

Comments: _____

Did your child enjoy playing in the league? Good Fair Poor

Comments: _____

Interpersonal Skills of the Coaches

Did the coaches relate well with the			
Players	Good	Fair	Poor
Parents	Good	Fair	Poor
Other Coaches	Good	Fair	Poor
Umpires	Good	Fair	Poor

Comments: _____

Organizational Skills of the Coach

(practices line-up equipment punctuality) Good Fair Poor

Comments: _____

Comments regarding league as a whole

Comments: _____
