



Program Evaluation Form

The purpose of this form is to assist Port Hoops in developing the basketball program for next season.
Please be frank and honest in your responses to the following questions.
 Your input is essential to improving the quality of the program and coaching next year.

To be completed by the player	<i>Please Mark One</i>				
	No	—————▶			Yes
1. Did you enjoy being on the basketball team?	1	2	3	4	5
2. Did you learn more about basketball?	1	2	3	4	5
3. Did your basketball skills improve?	1	2	3	4	5
4. Are you planning to tryout for a basketball team next year?	1	2	3	4	5
5. What was your favorite activity in practices? (<i>back of form</i>)	1	2	3	4	5
6. What was your least favorite activity in practices? (<i>back of form</i>)	1	2	3	4	5
7. Did you think playing time was fair? How could it be better?	1	2	3	4	5
8. Did you think you had enough opportunity to ask questions?	1	2	3	4	5
9. What would you change to help next year's team? (<i>back of form</i>)					

To be completed by the parent	<i>Please Mark One</i>				
	No	—————▶			Yes
1. Did your child enjoy the basketball experience?	1	2	3	4	5
2. Do you feel your child became a better basketball player?	1	2	3	4	5
3. Did your child gain a better perspective of teamwork?	1	2	3	4	5
4. Did the basketball experience help your child mature?	1	2	3	4	5
5. Did basketball help your child's self-confidence?	1	2	3	4	5
6. In your opinion, was playing administered appropriately?	1	2	3	4	5
7. Was the coach's public conduct at games acceptable?	1	2	3	4	5
8. Do you feel your child was treated with respect?	1	2	3	4	5
9. How would you rate the coach's organization skills?	1	2	3	4	5
10. How would you rate the coach's communication with parents?	1	2	3	4	5
11. Please suggest changes to improve the program. (<i>back of form</i>)					
12. Please list other questions that should be on this evaluation. (<i>back of form</i>)					



9. What would you change to help next year's team? *(Player Comment)*

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11. Please suggest changes to improve the program. *(Parent Comment)*

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12. Please list other questions that should be on this evaluation. *(Parent Comment)*

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Grade:	Circle One	
Coach:	Boys	Girls
Team Name:		

(if other than Port Hoops, i.e. Green, White, Black)