

Holy Apostles Athletic Association

Basketball Evaluation

Team and Head Coach: _____

1. The program was: _____ Excellent _____ Good _____ Fair _____ Poor
Comments:

2. Was the program what you were expecting? _____ Yes _____ No
Comments:

3. Your feelings about the coach/coaches: _____ Excellent _____ Good _____ Fair _____ Poor
Comments:

4. Basic skill development was: _____ Excellent _____ Good _____ Fair _____ Poor
Comments:

5. What were the best features about the program?
Comments:

6. What should be changed or improved in the program?
Comments:

Name: _____ Date: _____

Note: We ask that you sign the form so we can follow up if clarification is needed on your comments. Your feedback is helpful to our ongoing efforts to improve the program. Remember, only the Basketball Coordinator, Athletic Director, and School Principal read these evaluations.