

Evaluation Form 2004/05 Indoor Season

The R.E.United Soccer Club values your input. In order for us to adjust our program or to influence the Soccer programs provided by the Regina Soccer Association we need your input.

Please take time to complete the following evaluation form and you can mail it to: **R E United Technical Committee P.O. Box 4241 Regina, S4P 3W6 (It will be kept confidential)**

1. Number of practices that your team had per week. More than one _____ One per week _____ Less than one _____
2. Were you satisfied with the number of practices your team had? Yes No
3. Would you support a system that has practices every week and games every second week?

Yes No

4. Using a scale 1 to 10 with 10 as the highest rate the soccer skills that your coach taught your child. 1 2 3 4 5 6 7 8 9 10
5. Using the same scale rate your level of satisfaction with the Youth Program.

1 2 3 4 5 6 7 8 9 10

6. Using the same scale rate your level of satisfaction with the communication you received from your Team Manager about the Team. 1 2 3 4 5 6 7 8 9 10
7. Using the same scale rate your level of satisfaction of the Coaches relationship/communication with the players and parents. 1 2 3 4 5 6 7 8 9 10
8. Was this Season

Too long _____ Too short _____ Just right _____

9. Using the same scale rate your level of satisfaction with the communication you received from the Executive about the Club. 1 2 3 4 5 6 7 8 9 10

10. Team Name _____

Thank you for completing this Evaluation Form.

Please use the reverse side to provide any additional comments about the Coaching, Registration, Evaluations, Season Windup, Fundraising, Skills Sessions, U8 Program, or the Club Executive.

Your Name: _____ (please print)

Please provide your Phone Number if you wish to be called: _____.