

# Program Evaluation Template

*\*Tailor this evaluation to meet the needs of your team's goals and the person you are asking to fill out this form. These are just examples you can use to evaluate your program.*

## *(Athlete, Coach, or Staff Member) Information*

_____	Name (optional)
_____	Team (if working with multiple)
_____	Year(s) with (Organization)

## *Overall Experience*

*Please use the scale below for questions with numerical ratings:*

5=Excellent    4=Very Good    3=Average    2=Below Average    1=Poor    N/A=Do Not Know

1. Rate your experience in general with (TEAM/ORGANIZATION NAME HERE):

5	4	3	2	1	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. \_\_\_\_\_ Rate the following areas for your specific team:

5	4	3	2	1	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Athletic Facilities (i.e. gym, stadium, court, track, field)

5	4	3	2	1	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Administrative Services

5	4	3	2	1	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Practice Schedules  
Competition Schedules  
Team Travel  
Education

Comments about any areas above: \_\_\_\_\_

## *Coaching Staff*

3. Yes No Are you treated with respect by coaches and support staff?

If "no," please explain \_\_\_\_\_

4. Yes No Is your coaching staff's behavior professional and respectful towards you?

5. Yes No Does the coaching staff clearly define expectations required from you as an athlete?

6. Yes No Are the expectations realistic?

7. Yes No Do you believe your coaches shows favoritism?

8. Yes No Does the coaching staff encourage the development of mental skills to assist you in your sport?

9. Yes No Do you feel that you have improved in your athletic performance under the leadership of the coaching staff?

If "yes," how much? High Average Minimal

10. Yes No Do you believe the coaching staff has prepared you to be successful in life after sport?

If "yes," in what way? \_\_\_\_\_

\_\_\_\_\_

11. Yes No Are practices well organized?

If "no," please explain \_\_\_\_\_

\_\_\_\_\_

12. Yes No Are your road trips well organized?

If "no," what are the weak areas? \_\_\_\_\_

\_\_\_\_\_

13. Yes No Do you believe that the head coach is concerned about your health/injuries and physical wellbeing?

If "no," please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Are you subject to coaching techniques that involve the following:

A. Physical abuse:

Often

Sometimes

Never

Please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Verbal abuse

Often

Sometimes

Never

Please explain \_\_\_\_\_

\_\_\_\_\_

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C. Mental abuse

Often

Sometimes

Never

Please explain \_\_\_\_\_

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15. What do you believe are the strengths of the coaching staff?

16. What do you believe are the weaknesses of the coaching staff?

*Goal Specific*

17.  Yes  No Were the team's goals communicated to you throughout the season?

18.  Yes  No Based on the goals we set for the year, do you believe we met them?

19.  Yes  No If not, what do you think we could have done differently?

Use this space for any comments you would like to make regarding any of the above questions or your experience with (TEAM/ORGANIZATION NAME HERE).