

Prospect United Soccer Club

PARENT SURVEY FORM 2006

Your feedback and input is important to us. PLEASE RETURN the COMPLETED SURVEY:

This survey form will be treated in confidence

- **Hand form into the canteen, addressed to the Secretary;**

Team and Age Division: _____ Your Name: (Optional): _____

Coaches: _____

1. Please rate the following: (Please Circle the Appropriate Response)

	Very Satisfied	Satisfied	Not Satisfied		
Your child's overall soccer experience this year?	1	2	3	4	5
The Club's communication with you?	1	2	3	4	5
The Club's support for your coach and team?	1	2	3	4	5

What is the Club doing that is working? What can we do better?

(If you circled, #4 or #5. please provide in detail respecting your concerns, and any suggestions for improvement).

2. Please rate your child's individual team experience this year re: the following:

(Please circle the best response. Responses will be used to better structure our coaching program next year and to give constructive feedback to coaches (to that end, as appropriate, please distinguish between coaches)).

	Excellent	Good	Poor		
Players were rotated fairly through the different positions?	1	2	3	4	5
Players had equal playing time?	1	2	3	4	5
Practices started on time?	1	2	3	4	5
Practices were controlled and organized?	1	2	3	4	5
Coaches were prepared for games?	1	2	3	4	5
Team arrived enough before games for warm-up and organization?	1	2	3	4	5
Coaches gave positive feedback and encouragement to players?	1	2	3	4	5
Coaches demonstrated good sportsmanship?	1	2	3	4	5
Coaches treated referees respectfully?	1	2	3	4	5
Winning was kept in perspective?	1	2	3	4	5
Players appeared to receive effective coaching?	1	2	3	4	5
Parents were kept properly informed?	1	2	3	4	5

Comments? (Particularly if you circled #4 or #5, please provide details about your concerns).

3. Any other comments? (Please use reverse side of survey if needed)
