

# Rockdale Youth Soccer Association Recreational Parent Evaluation Form

| Recreational Team Information |  |
|-------------------------------|--|
| Age Group/Gender              |  |
| Team Name                     |  |
| Coach                         |  |



|   |
|---|
| <p><b>Circle the number that applies</b></p> <p>1 = Agree</p> <p>2 = Disagree</p> <p>3 = Don't Know</p> |
|---|

**After you have completed this form, please return this form to Casey Black, RYSA President**

1. You may email completed evaluation to [president@rysa.net](mailto:president@rysa.net)
2. You may place evaluation in the mail slot of the RYSA Office located in the indoor building
3. You may mail your evaluation to RYSA, PO Box 51, Conyers, GA 30012

**PLEASE DO NOT GIVE YOUR EVALUATION TO THE COACH!!**

**My Player's Coach.....**

|   |   |   |   |
|---|---|---|---|
| has displayed good sportsmanship at all times       | 1 | 2 | 3 |
| has a good level of self control during games       | 1 | 2 | 3 |
| maintains control of players at games & practices   | 1 | 2 | 3 |
| relates well to the children on the team            | 1 | 2 | 3 |
| is motivating my child to be a better soccer player | 1 | 2 | 3 |
| treats all the players the same                     | 1 | 2 | 3 |
| communicates well with the parents                  | 1 | 2 | 3 |
| communicates well with the players                  | 1 | 2 | 3 |
| does not emphasize winning at all costs             | 1 | 2 | 3 |
| has organized & productive practice sessions        | 1 | 2 | 3 |
| is teaching my child to be a better team player     | 1 | 2 | 3 |

**My Player.....**

|  |   |   |   |
|--|---|---|---|
| is enjoying playing soccer on this team              | 1 | 2 | 3 |
| gets along well with other players on this team      | 1 | 2 | 3 |
| is improving their skill level at an acceptable rate | 1 | 2 | 3 |

**I would like.....**

|   |   |   |   |
|---|---|---|---|
| for this person to coach my child in the future | 1 | 2 | 3 |
|---|---|---|---|

**What do you like best about RYSA?**

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

**The evaluation is continued on the back of this page - page 1 of 2**

# Rockdale Youth Soccer Association Recreational Parent Evaluation Form

Is there anything RYSA could do differently that would improve the experience for your child?

1 \_\_\_\_\_  
\_\_\_\_\_

2 \_\_\_\_\_  
\_\_\_\_\_

How can RYSA get parents more involved in volunteering?

1 \_\_\_\_\_  
\_\_\_\_\_

2 \_\_\_\_\_  
\_\_\_\_\_

Any other comments?

1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking your time to help improve RYSA!!

**PLEASE DO NOT GIVE YOUR EVALUATION TO THE COACH!!**

After you have completed this form, please return this form to Casey Black, RYSA President

1. You may email completed evaluation to [president@rysa.net](mailto:president@rysa.net)
2. You may place evaluation in the mail slot of the RYSA Office located in the indoor building
3. You may mail your evaluation to RYSA, PO Box 51, Conyers, GA 30012