



2011 FALL SEASON EVALUATION FORM

To help us improve, please share your opinions on your child's 2011 Fall Season experience – all input will be kept confidential. If you need more space, please use the back. Forms can be faxed to 398-9701 or mailed to OMM, 175 Old Orangeburg Rd, Orangeburg, NY 10962. Thank you!

YOUR CHILD'S COACHES

Head Coach's Name: \_\_\_\_\_ Asst. Coach's Name: \_\_\_\_\_

- Did they create a positive team experience for your child? (poor) 1 2 3 4 5 (best)
- Did they keep winning and losing in perspective? 1 2 3 4 5
- Did they treat your child and others with respect? 1 2 3 4 5
- Did they display good sportsmanship to teams & officials? 1 2 3 4 5
- Did they hold enough practices preseason (This is not applicable in Tykes, we recommend that coaches have about 8 practices preseason) 1 2 3 4 5
- Did they improve your child's skills and abilities this season? 1 2 3 4 5
- Would you want your child with this Head Coach again? 1 2 3 4 5
- Would you want your child with this Asst. Coach again? 1 2 3 4 5
- Comments:

LEAGUE EVALUATION

- Overall, how would you rate the OMM Soccer League? (poor) 1 2 3 4 5 (best)
- How would you rate the registration process this season? 1 2 3 4 5
- How well did our referees perform this season? 1 2 3 4 5
- Would you want your child to play in future OMM seasons? 1 2 3 4 5
- What did OMM Soccer do well, and what can we improve?:

Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_