

BURNABY METRO SELECTS SOCCER TEAM SURVEY

Coach's Name: _____

Team (age group i.e. U16 Girls): _____

Name of Person filling out form (optional): _____

Email address (optional): _____

The purpose of this survey is to identify areas to improve your soccer team and provide general feedback to our soccer club. Your feedback will remain confidential. In an effort to receive quality responses, we recommend the player and parent work together in completing this form. Return this form in a sealed envelope to your team manager or the club president, no later than December 31 of your current soccer season. If you have any questions or concerns, please contact the club president.

Survey Questions	Please circle one rating per question				
	Poor	Fair	Average	Good	Excellent
Quality of practices (Length, intensity, frequency, structure)	1	2	3	4	5
Comments:					
Quality of Communication (language, tone, volume, effectiveness)	1	2	3	4	5
Comments:					
Ability to teach (knowledge, leadership, instructional skill, patience, listening)	1	2	3	4	5
Comments:					
Skill development (did the players/team show improvement?)	1	2	3	4	5
Comments:					
Game management (preparation, strategy, player/referee treatment)	1	2	3	4	5
Comments:					
Overall experience with coach (consider all aspects)	1	2	3	4	5
Comments:					
Please rate your overall experience with the Burnaby Metro Selects Club (excluding coach)	1	2	3	4	5
Comments:					
Please provide suggestions for improving The Club					

Should you be interested in becoming more involved with The Burnaby Metro Selects Soccer Club, please indicated below and someone will be in contact with you. Thank you for your time!

Yes, I am interested in becoming involved with the club No, I am not interested at this time