

# SOLL Spring Ball Feedback

Player Name:

**Division:** (pls circle one) **Blastball** **TBall** **Coach Pitch** **Minors** **Majors** **Junior** **Senior**

We appreciate your feedback. Confidentiality will be respected -- your rankings and comments will be compiled in aggregate by the President and VP, Coaching (Peggy Pratt/Carl Suri) and provided to organizers and coaches and in a spirit of continual improvement of skills and programs for the benefit of our players. Please notice there are two pages attached for your comments. Thank you!

1-Poor 3-Good 5-Excellent      **1**      **2**      **3**      **4**      **5**

<b>Manager (Head Coach) Name:</b>					
1. Knowledge of the game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attitude towards players.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attitude towards parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Organized and prepared for games/practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Shows proper leadership on and off the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Would you recommend this coach?	Yes / No				

<b>Assistant Coach Name:</b>					
1. Knowledge of the game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attitude toward players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Shows proper leadership on and off the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Would you recommend this coach?	Yes /No				

<b>Assistant Coach Name:</b>					
1. Knowledge of the game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attitude toward players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Shows proper leadership on and off the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Would you recommend this coach?	Yes / No				

Please rate your child's overall experience with spring ball:  
 Poor    Fair    Good    Excellent

Comments:

Please rate your overall experience with spring ball:

Poor Fair Good Excellent

Comments:

Do you expect your child will play baseball with us again next season?

Yes No Not sure

Please comment on anything you think the league should start doing, stop doing or continue to do related to any aspect of the program (ie: evaluations, communication, equipment, website, spring tournament, opening day) .....any part of the program you wish to mention.

Start Doing:

Continue Doing:

Stop Doing:

Please return to Peggy Pratt, President  
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