



**SOUTH DELTA MINOR HOCKEY ASSOCIATION**  
 Box 247, Delta, BC V4K 3N7

**POST-SEASON PARENT OBSERVATION FORM**

We would appreciate all **parents** taking a few minutes to answer each of the following questions.

Name of Coach: \_\_\_\_\_

Hockey Division: \_\_\_\_\_

Hockey Level: Rep C

Preparer (Optional): \_\_\_\_\_

Date: \_\_\_\_\_

Evaluate the degree to which you believe your child achieved the following (circle one):

		Very Much	Somewhat	Not At All
a) My child had fun	1	2	3	4 5
b) My child learned the fundamentals of the sport.	1	2	3	4 5

Evaluate the degree to which you believe your child changed on the following characteristics (check one):

	Improved/ Increased	No Change	Declined/ Decreased	Don't Know
a) Physical fitness	_____	_____	_____	_____
b) Learning to cooperate	_____	_____	_____	_____
c) Self-Confidence	_____	_____	_____	_____
d) Desire to continue to play this sport	_____	_____	_____	_____
e) Development of self-reliance	_____	_____	_____	_____
f) Learning specific skills of this sport	_____	_____	_____	_____
g) Leadership skills	_____	_____	_____	_____
h) Sportsmanship	_____	_____	_____	_____
i) Development of initiative	_____	_____	_____	_____
j) Learning to compete	_____	_____	_____	_____

How did the coach do on the following items? (circle one)

	1=Excellent	2=Good	3=So So	4=Weak	5=Poor	6=Don't know
a) Treat your child fairly	1	2	3	4	5	6
b) Kept winning in perspective	1	2	3	4	5	6
c) Took safety precautions	1	2	3	4	5	6
d) Organized practice and contests	1	2	3	4	5	6
e) Communicated with you	1	2	3	4	5	6
f) Was effective in teaching skills	1	2	3	4	5	6
g) Encouraged your child	1	2	3	4	5	6
h) Recognized your child as a unique individual	1	2	3	4	5	6
i) Held your child's respect	1	2	3	4	5	6

Please give any additional comments in the space below. Perhaps you have some constructive criticism or praise you want to offer:

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