

Fairview Park Recreation Department Youth Sports Parent Evaluation

To help the Fairview Park Recreation Department improve the Youth Athletics Program, please complete this evaluation form and return it to the Recreation Department. Thank you for your cooperation and assistance.

Sport: _____ **Age Group:** _____

Session: Winter Spring Summer Fall

1. How would you rate the program overall? **(Please comment if FAIR or POOR)**

_____ Poor _____ Fair _____ Good _____ Excellent

Comment: _____

2. Do you feel game days, times and locations were satisfactory? _____ YES _____ NO

Any suggestions or comments: _____

3. Do you feel the practice days, times and locations were satisfactory? _____ YES _____ NO

Any suggestions or comments: _____

4. Your child(ren) enjoyed the weekly practices and games?

_____ Strongly Disagree _____ Disagree _____ Agree _____ Strongly Agree

Any suggestions or comments: _____

5. Your child's coach effectively communicated with the parents regarding game times and practice times

_____ Strongly Disagree _____ Disagree _____ Agree _____ Strongly Agree

Any suggestions or comments: _____

6. Your child's coach promoted proper parent and player behavior during the games

_____ Strongly Disagree _____ Disagree _____ Agree _____ Strongly Agree

Any suggestions or comments: _____

7. If you have any suggestions on improving the program for next year, please use the following space or a separate sheet of paper. (Rules, Uniforms, etc...)

Any suggestions or comments: _____

THANK YOU FOR YOUR TIME!
PLEASE RETURN TO YOUTH PROGRAM COORDINATOR AT THE GEMINI CENTER
EMAIL: jack.abbruzzese@fairviewpark.org
Fax: 440-356-4434

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