

Maynard High School Athletic Department
Parent Feedback Form

The Athletic Director at Maynard High School would appreciate your perceptions of your child's experiences during his/her current athletic season at the high school and Fowler school. Only the Athletic Director will see this form. You are invited to complete this form any time after the completion of the season or if you see a need to do so before the completion of the season.

You may mail or deliver this to: Michael Graceffa, Athletic Director Maynard High School 1 Tiger Drive Maynard, MA 01754

Coach: _____

Please rate each of the following items using the scale:

5=excellent; 4=good; 3=poor; 2=unsatisfactory; 1=no opinion/not observed.

We welcome any additional comments.

1. The coach establishes an atmosphere of mutual respect and understanding
5 4 3 2 1
2. The coach provides my son/daughter with an opportunity to improve skills.
5 4 3 2 1
3. The coach fosters the social and emotional growth of my son/daughter.
5 4 3 2 1
4. The coach encourages my son/daughter to work toward his/her full potential and to develop a positive self-image.
5 4 3 2 1
5. The coach critiques my son/daughter's performance in a constructive manner.
5 4 3 2 1
6. The coach instills team spirit and cohesiveness.
5 4 3 2 1
7. The coach maintains discipline by being consistently fair and firm.
5 4 3 2 1
8. The coach consistently enforces school policies, rules and regulations governing student behavior, and encourages self-discipline among students.
5 4 3 2 1
9. The coach serves as a positive role model in his/her professional activities.
5 4 3 2 1
10. The coach treats my son/daughter with fairness and respect.
5 4 3 2 1
11. The coach is approachable.
5 4 3 2 1
12. Please rate your son's/daughter's overall experience this season.
5 4 3 2 1

Additional Comments (use back)

Name _____ (optional) Date _____