

Evansville Elite Soccer Club  
Coach/Team Evaluation Form

Coach \_\_\_\_\_  
Team Age/Name \_\_\_\_\_  
Team Manager \_\_\_\_\_  
Team President \_\_\_\_\_

Form completed by \_\_\_\_\_

This must be completed for the form to be reviewed by the Coaching Directors.

Individual evaluation forms will be held in confidence. The comments will be collected, summarized and reviewed with the team officers and coaches. We are completing these forms for the betterment of our club, teams and coaching staff. Please be honest in your answers and if you do not know the answer to a particular question, simply state unknown. This form is to be returned to:

Evansville Elite Soccer  
Attn: Coach Evaluation  
PO Box 15906  
Evansville, IN 47716

Did your team have an assistant coach?      Yes / No  
How did this effect the operation of the team?

How many tryouts did your team conduct?      \_\_\_\_\_  
What were the dates?      \_\_\_\_\_  
Who conducted the tryouts?      \_\_\_\_\_  
How many players participated?      \_\_\_\_\_  
What was your final roster size?      \_\_\_\_\_  
Do you feel that tryouts were efficient and fair?      \_\_\_\_\_  
What, if any, suggestions would you make for the next set of tryouts?

How many times per week did your team train in each month?

Sep _____	Oct _____	Nov _____
Dec _____	Jan _____	Feb _____
Mar _____	Apr _____	May _____

Would you change the number of training sessions per week? Yes / No If yes, please write the number next to the actual number of each month and circle your suggestions.

Who decided on the number of training sessions each week? \_\_\_\_\_

Who decided on the training schedule? \_\_\_\_\_

Whose decision should it be to set the training schedule? \_\_\_\_\_

Who decided on the tournament schedule? \_\_\_\_\_

Whose decision should it be to set the tournament schedule? \_\_\_\_\_

Was the caliber of the tournaments appropriate for the team? Yes / No

What tournaments would you like to see eliminated from next year's schedule?

What tournaments would you like to see added to next year's schedule?

Was there improvement in the overall play of the team over the course of the season? Yes / No  
Please explain your answer.

Was there improvement in the play of individual players over the course of the season? Yes / No  
Please explain your answer.

Were training sessions planned in advance of the session? Yes / No

Were the training sessions written out? Yes / No

Did the training sessions follow a progression over the course of the session?  
Yes / No Please explain your answer.

What do you feel were the overall strengths and weaknesses of the team's performance?

Did the training sessions further develop the strengths and improve the weaknesses? Yes / No  
Please explain your answer.

What training aspects of soccer do you feel that this team needs to focus on in the next season of play?

What suggestions would you make to improve the quality of the overall soccer experience for our players?

Has this coach worked effectively with this team? Yes / No Please explain your answer.

Is it in the team's/individual player's best interest to retain the current coach with this team? Yes / No Please explain your answer.

Thank you for taking the time to fill out this evaluation form. We are trying to provide the best soccer experience for our players.