

NDUFC Parent Questionnaire: We want to get your feedback on how we're doing.

Age Division Head Coach's Name

Your Name (Optional) Phone or email (Optional)

A) Evaluate the degree to which you believe your son/daughter achieved the following:

Had Fun Learned the Basics Wants to Continue

B) Evaluate the degree to which you believe your child has changed this season in the following characteristics:

Physical Fitness	<input type="text"/>	Self Confidence	<input type="text"/>	Self Reliance	<input type="text"/>
Cooperation	<input type="text"/>	Initiative	<input type="text"/>	Leadership	<input type="text"/>
Soccer Skills	<input type="text"/>	Competitiveness	<input type="text"/>	Sportsmanship	<input type="text"/>

C) How did the Coach perform on the following items:

Communication	<input type="text"/>	Safety Conscious	<input type="text"/>	Running Practice	<input type="text"/>
Teaching Skills	<input type="text"/>	Teaching Strategy	<input type="text"/>	Encouraging	<input type="text"/>
Gained Respect	<input type="text"/>	Sportsmanship	<input type="text"/>	Overall Impression	<input type="text"/>

D) How did your team manager perform on the following:

Communication re team events/locations Organizational Skills

E) How did the Club perform on the following:

Communication	<input type="text"/>	Web Site	<input type="text"/>	Tryouts	<input type="text"/>
Value for Money	<input type="text"/>	Uniforms	<input type="text"/>	Home Fields	<input type="text"/>

F) Do you have comments on any of the above items or suggestions on any aspect of how your team or club is being run?

Save this Form as a PDF, then email as an attachment to: info@northdurhamunited.com or
print & mail to the NDUFC, Box 302, Port Perry, ON, L9L 1A4 or
give to your manager or coach in a sealed envelope.
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