

PARENT EVALUATION

SPORT: _____ YR: _____ SEASON: _____ AGE GROUP _____

PART I - REGISTRATION

1. How did you find out about this registration? (Please circle)

Pelican Newsletter Times Picayune News Banner Government Access Channel

Signs at School Electronic Sign in Park Signs in Gym Lobby Website

2. What method of registration did you use? Walk-in On-line

3. Did you like the on-line registration? Yes No

4. Did you receive/download the information sheet that was provided? Yes No

5. If you registered in the office, did you find the office staff to be knowledgeable about the sport? Yes No

6. Was the office staff courteous? Yes No

Please make additional comments regarding registration _____

PART II - FACILITY FIELD/COURT YOUR CHILD PLAYED ON? _____

Please rate the following on a scale of 1-5 (1 being poor, 5 being excellent)

1. Cleanliness of bathrooms 1 2 3 4 5

2. Cleanliness of bleacher area 1 2 3 4 5

3. Overall how would you rate the facility 1 2 3 4 5

4. If you had a need to contact on-duty staff, were they easily accessible? Yes No

Please make additional comments/suggestions _____

PART III -- LEAGUE PLAY

1. Did your child have a positive experience? YES NO

2. Did your child's skills improve? YES NO

3. Did your child's knowledge of the game improve? YES NO

4. Does your child intend to play in the future? YES NO

5. Did you child attend a majority of the practices? YES NO

Please make any additional comments or explanations _____

PART IV - MY COACH COACH'S NAME _____

Please rate the following on a scale of 1-5 (1 being poor, 5 being excellent)

1. Provided player with general knowledge of game 1 2 3 4 5

2. Demonstrated fair play to all players 1 2 3 4 5

3. Good sportsmanship example 1 2 3 4 5

3. Distributed playing time equally 1 2 3 4 5

4. Demonstrated knowledge of league rules 1 2 3 4 5

5. Communicated rules to players 1 2 3 4 5

6. Informed player of games & practices 1 2 3 4 5

7. Rotated players as required 1 2 3 4 5

PLEASE COMPLETE AND SUBMIT:

BY MAIL: PELICAN PARK, PARENT EVALUATION, 63350 PELICAN DR., MANDEVILLE, LA 70448

BY FAX : 985- 626-9028

OR E-MAIL COMMENTS TO annkeyes@pelicanpark.com If you would like to discuss this evaluation please provide your name and contact number: _____

THANK YOU FOR YOUR ASSISTANCE. THIS INFORMATION IS IMPORTANT & VALUABLE TO THE IMPROVEMENT OF OUR PROGRAMS AND FACILITIES.

DATE REC. _____

