



# Sabino Canyon Little League

## MANAGER/COACH EVALUATION FORM

Please use this form to submit an honest and fair evaluation of the individuals who managed and/or coached your child's team **during the 2009 season**. This information is important to assist the Board of Directors and Manager's Selection Committee in their selection of managers and coaches for regular season, post-season (tournament) and fall ball play. All individual responses will be kept confidential.

**Please submit a separate evaluation form for each manager or coach.**  
**Place completed evaluation in Ballot Box in Snack Bar.**

Manager/Coach Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

- Tee Ball       Coach Pitch       AA       AAA       Majors       Juniors
- Spring Ball 2009       Fall Ball 2009       Other \_\_\_\_\_

### The MANAGER/COACH:

- Reflects an understanding of the age group of the team and provides positive support and encouragement to learn and improve.  
 Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree
- Demonstrates good communication and treats my child fairly and with respect.  
 Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree
- Reflects a good general knowledge of baseball and teaches appropriate skills to my child.  
 Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree
- Has a good knowledge of Little League Rules and Philosophy (to encourage Character, Courage and Loyalty) and instills respect for the rules in players.  
 Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree
- Demonstrates leadership and good sportsmanship when dealing with Umpires, other Managers and Coaches, and other teams' players, whether their team is winning or losing.  
 Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree
- Communicates effectively with parents.  
 Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree
- Schedules and runs effective practices on a consistent basis.  
 Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree
- Provides a fair opportunity for each player to participate in games.  
 Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree
- Overall Rating.  
 Poor       Fair       Average       Good       Excellent

Place completed form in Ballot Box

10. Would you recommend this person for a similar position next year?  Yes  No

Please explain: \_\_\_\_\_

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Any other comments regarding coach or manager: \_\_\_\_\_

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Today's Date: \_\_\_\_\_

Optional Information:

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Phone: \_\_\_\_\_

*Individual responses will be kept in strict confidence.  
Consolidated data compiled from all responses may be used for  
coach and manager feedback and development.*

*Thank you for supporting Sabino Canyon Little League.*



# Sabino Canyon Little League

## LEAGUE EVALUATION FORM

The Board of Directors of Sabino Canyon Little League would appreciate your input on **the 2009 baseball season**. Your suggestions help the quality of our program and enhance the baseball experience for all our children. Thank you for taking the time to make the difference in SCLL's future.

**Place completed evaluation in Ballot Box in Snack Bar.**

During the 2009 season, my children were on the following teams:

Tee Ball     Coach Pitch     AA     AAA     Majors     Juniors

1. How did you hear about SCLL and Registration?

School Flier     Road Signs     Newsletter     Friends     Website     Other \_\_\_\_\_

Suggestions for increasing awareness of SCLL: \_\_\_\_\_

2. The baseball grounds, facilities and equipment are in good condition.

Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree

Comments and Suggestions for improvements: \_\_\_\_\_

\_\_\_\_\_

3. The umpires were fair, competent, and had a solid knowledge base of the rules.

Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree

Comments and Suggestions: \_\_\_\_\_

\_\_\_\_\_

4. The number and scheduling of the games was appropriate for my child's age.

Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree

Comments and Suggestions: \_\_\_\_\_

\_\_\_\_\_

5. I receive sufficient information about the league from the newsletter, website, and fliers.

Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree

Comments and Suggestions: \_\_\_\_\_

\_\_\_\_\_

6. Did you volunteer time in the snack bar?  Yes  No

Comments and Suggestions for improving experience: \_\_\_\_\_

\_\_\_\_\_

7. Did you volunteer time at practices, performing field preparation, or as team parent?  Yes  No

Comments and Suggestions on how to increase parent involvement: \_\_\_\_\_

\_\_\_\_\_

8. Would you recommend Sabino Canyon Little League to others?  Yes  No

Comments and Suggestions: \_\_\_\_\_

9. Other Comments and Suggestions: \_\_\_\_\_

\_\_\_\_\_

*Did you know that SCLL is all-volunteer? Please ask your Coach or Board Member how you can help!*