



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 2011 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 2011 Fall Ball 2011 Other _____

The **MANAGER/COACH**:

1. 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

2. Demonstrates good communication and treats my child fairly and with respect.

Strongly Disagree Disagree Neutral Agree Strongly Agree

3. Reflects a good general knowledge of baseball and teaches appropriate skills to my child.

Strongly Disagree Disagree Neutral Agree Strongly Agree

4. 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

5. 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

6. Communicates effectively with parents.

Strongly Disagree Disagree Neutral Agree Strongly Agree

7. Schedules and runs effective practices on a consistent basis.

Strongly Disagree Disagree Neutral Agree Strongly Agree

8. Provides a fair opportunity for each player to participate in games.

Strongly Disagree Disagree Neutral Agree Strongly Agree

9. Overall Rating.

Poor Fair Average Good Excellent

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

Please explain: _____

Any other comments regarding coach or manager: _____

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 2011 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 2011 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!

Place completed form in ballot box.