Belvidere Youth Baseball
COACHES EVALUATION FORM

Please mail completed forms to: BYB, PO Box 322, Belvidere, IL 61008

Scoring Key
1 = **Very Good** 2 = **Good** 3 = **Poor** 4 = **Very Poor**
Please circle one rating for each question. Also comment on Assistant Coaches on the **bottom!**
All are kept Confidential!! Thank you for taking the time to help the league.

Manager's Name: _____ Team Name: _____

1. Keeps winning and losing in perspective; make sure learning baseball/softball is fun:
   (best) 1 2 3 4 (worst)

2. Knows the rules of the game, and teaches skills consistently throughout the season:
   (best) 1 2 3 4 (worst)

3. Has sufficient practices before and during the season:
   (best) 1 2 3 4 (worst) .> Approximately how many practices before season?___
   .> how frequent are the practices during the season? 1 to 3 times per week___, more? ___ less?____

4. Develops player - appropriate skills based on individual ability; treats players as individuals:
   (best) 1 2 3 4 (worst)

5. Treats children with respect and maintains their dignity in front of others:
   (best) 1 2 3 4 (worst)

6. Displays appropriate behavior on field during games, reacts reasonably in all situations:
   (best) 1 2 3 4 (worst)

7. Treats other officials (umpires, opposing coaches) and opposing players with respect:
   (best) 1 2 3 4 (worst)

8. Communicates effectively about schedules, practices, expectations, BYB information:
   (best) 1 2 3 4 (worst)

9. Did your child improve in skills acquisition? Yes Somewhat No

10. Did you think the manager was a positive influence on your child? Yes Somewhat No

11. Would you want your child to play for this manager again? Yes No

Comments: _____
_____
_____
_____

Coach Name_____ Overall rating: 1 2 3 4
Knowledgeable: 1 2 3 4 On – field behavior: 1 2 3 4 Respects players: 1 2 3 4

Comments:_____
_____
_____
_____