

**WESTLAKE HIGH SCHOOL**  
**ATHLETIC/ACTIVITY PROGRAM PARENT EVALUATION**

Team \_\_\_\_\_ Program/Level \_\_\_\_\_  
Head Coach \_\_\_\_\_ NAME (Optional) \_\_\_\_\_

**Please circle one answer for each statement**

*1=Low <-----> 5=High*

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Did your son/daughter enjoy their athletic experience?   | 1 | 2 | 3 | 4 | 5 |
| 2. Do you feel your son/daughter became a better athlete in the sport in which they participated? | 1 | 2 | 3 | 4 | 5 |
| 3. The coaches communicated well with the parents and athletes?                                   |   |   |   |   |   |
|   | 1 | 2 | 3 | 4 | 5 |
| 4. The coaches have a good understanding of the sport?  | 1 | 2 | 3 | 4 | 5 |
| 5. The coaches were motivating and encouraging?   | 1 | 2 | 3 | 4 | 5 |
| 6. The coaches gave constructive criticism when appropriate?                                      |   |   |   |   |   |
|   | 1 | 2 | 3 | 4 | 5 |
| 7. Practice times, game times and schedules were well communicated in a timely manner?            |   |   |   |   |   |
|   | 1 | 2 | 3 | 4 | 5 |
| 8. The coach demonstrated good sportsmanship and respect toward officials and opponents?          |   |   |   |   |   |
|   | 1 | 2 | 3 | 4 | 5 |
| 9. Was the coach's public conduct at games respectable?   | 1 | 2 | 3 | 4 | 5 |
| 10. I believe our team reached its full potential?  | 1 | 2 | 3 | 4 | 5 |

\*\*\*Please attach/provide any additional comments and suggestions for improvement:  
(Please use the back of page)

**Thank you for your time and effort in improving the athletic teams and program here at Westlake High School**  
**Please Mail Surveys to: Michael O'Connor/Athletic Director; 99 N. Thunder Blvd., Saratoga Springs, UT 84045**