



Micro Magic Year End Survey

We need your opinions in order to evaluate our club coaches and policies. This is your chance to tell us what you think and to let us know how we might improve our club. This information is held in confidence; if it is shared with a coach, it is done so anonymously. Please return this survey to the address listed on the back of this survey by the first week in September.

Thank you,
Magic City Soccer Club Executive Committee

Date: _____

Player name (optional): _____

Number of years in Micro Magic: _____ Gender: [] Boy [] Girl

What division did your child play in this year? [] U-10 Micro [] U-12 Micro

Coach Evaluation. If possible, please complete the following with player input.

Name of coach: _____

Please rate the coach based on the following scale:

	Poor		Average		Good
Understood and worked well with my child's age	1	2	3	4	5
General soccer knowledge	1	2	3	4	5
Communicated effectively with parents and representatives	1	2	3	4	5
Was Reliable	1	2	3	4	5
Demonstrated good sportsmanship	1	2	3	4	5
Used discipline effectively	1	2	3	4	5
Strived to provide players with equal playing time	1	2	3	4	5
Rotated players to all positions	1	2	3	4	5
Overall performance	1	2	3	4	5

Do you have any comments or suggestions for this coach? Should he/she coach next year? Why or why not?

Did your child enjoy the season? Why or why not?

Did the Micro program improve your child's playing ability? Please explain.

Club Evaluation.

Please rate the club based on the following scale:

	Poor		Average		Good
Kept costs in line for registration and uniforms	1	2	3	4	5
Maintained good communication with parents	1	2	3	4	5
Addressed problems and complaints	1	2	3	4	5
Provided fundraising and scholarship opportunities	1	2	3	4	5

Do you have any overall comments? How did we do? How could we improve?

Micro Magic
Magic City Soccer Club
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