

PTCYBA PARENT SURVEY/SUGGESTION FORM

NAME DATE

E-MAIL

PHONE # CELL PHONE #

CHILD'S NAME AGE GROUP

TEAM NAME COACH

Please rate the following:

HEAD COACH

**Strongly
Disagree**

**Strongly
Agree**

- | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| • Knows the fundamentals of basketball | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| • Treats players fairly | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| • Is able to remain calm during adverse conditions | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| • Fosters a positive and fun environment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| • Generates enthusiasm and motivates players | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| • Runs organized practices | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| • Keeps parents informed about schedules, etc. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| • I would recommend this coach for next season | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

If any answer is 1 or 2, please explain:

LEAGUE ISSUES

- Season was (check one): Too Short About Right Too Long
- How often do you practice with your child outside of team practice:
- Are there any issues (rules, officiating, website, etc.) that you want to comment on or make suggestions for:

Complete and mail to:

PTCYBA, P.O. Box 2631, Peachtree City, GA 30269