

COLLEGIAN SPORTS PROGRAM EVALUATION

- *Players and coaches should complete this form at the end of their season.*
- *One form must be filled out per sport.*

Please indicate all applicable areas:

1. **Sport:** Basketball / Broom Hockey / Flag Football / Soccer / Softball / Volleyball
2. **Participant type:** Coach / Player
3. **Collegian** (e.g., Alpha Beta Panthers): _____

Using the following scale, please rate each item by circling the appropriate letter.

A = excellent

B = good

C = fair

D = very poor

This section for **ALL participants:**

- | | | | | |
|-----------------------------------|---|---|---|---|
| 1. Game equipment | A | B | C | D |
| 2. In general, officiating | A | B | C | D |
| 3. Official's control of the game | A | B | C | D |
| 4. Schedule of games | A | B | C | D |
| 5. Practice schedule | A | B | C | D |
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This section for **coaches only:**

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|---|---|---|---|---|
| 6. Communication from the collegian sports director | A | B | C | D |
| 7. Coaches' meeting / clinics | A | B | C | D |
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Please answer the following questions:

1. List any **strong points** in the collegian sports program that should not be changed:
2. List any **weak points** in the collegian sports program that should be changed:
3. List any activities that you would like to see added to the collegian sports program that are not currently offered: