

St. Ignatius Coach & Program Evaluation
(to be completed by a parent)

St. Ignatius Catholic School Athletic Association, coordinators of the interscholastic programs at SICS, would appreciate your feedback on the athletic season just completed. This feedback is critical, whether positive or negative, to help ensure the best experience for our student-athletes.

Sport: _____ **Grade:** _____

Boys _____ **Girls** _____ **Coaches:** _____

Did you like the coaches' philosophy and expectations for team members?

Yes _____ No _____

Comments:

Did the coaches represent SICS in a positive manner?

Yes _____ No _____

Comments:

Did your child have a positive experience?

Yes _____ No _____

Comments:

Did the program meet your expectations?

Yes _____ No _____

Comments:

Do you have any comments, positive or negative, regarding the coach, organization of the teams, or how the program is run that may improve the program?

Yes _____ No _____

Comments:

Name (optional): _____

Please return to the school office. Thanks for your feedback.