

FRONTIER LITTLE LEAGUE

Manager/Coach Evaluation Form

Please use this form to submit an honest and fair evaluation of the individuals who managed and/or coached your child's team **during the 2006 season**. This information is important to assist the Board of Directors and Manager's Selection Committee in their selection of managers and coaches for regular season, post-season (tournament) and fall ball play. All individual responses will be kept confidential.

Please submit a separate evaluation form for each manager or coach.

Manager/Coach Name: _____

Team Name: _____

Tee Ball Pre-minor Minor Major Junior Senior Fall Ball

The MANAGER/COACH:

1. Reflects an understanding of the age group of the team and provides positive support and encouragement to learn and improve.
Strongly Disagree Disagree Neutral Agree Strongly Agree
2. Demonstrates good communication and treats my child fairly and with respect.
Strongly Disagree Disagree Neutral Agree Strongly Agree
3. Reflects a good general knowledge of baseball and teaches appropriate skills to my child.
Strongly Disagree Disagree Neutral Agree Strongly Agree
4. Has a good knowledge of Little League Rules and Philosophy (to encourage Character, Courage and Loyalty) and instills respect for the rules in players.
Strongly Disagree Disagree Neutral Agree Strongly Agree
5. Demonstrates leadership and good sportsmanship when dealing with Umpires, and other Managers and Coaches, and other teams' players, whether their team is winning or losing.
Strongly Disagree Disagree Neutral Agree Strongly Agree
6. Communicates effectively with parents.
Strongly Disagree Disagree Neutral Agree Strongly Agree
7. Schedules and runs effective practices on a consistent basis.
Strongly Disagree Disagree Neutral Agree Strongly Agree

8. Provides a fair opportunity for each player to participate in games.

Strongly Disagree Disagree Neutral Agree Strongly Agree

9. Overall Rating.

Poor Fair Average Good Excellent

10. Would you recommend this person for a similar position next year? Yes No
Please explain: _____

Any other comments regarding coach or manager: _____

Today's Date: _____

Optional Information:

Players Name: _____ DOB: _____
Parent(s)/Guardian(s): _____ Phone: _____
Parent(s)/Guardian(s): _____ Phone: _____

Individual responses will be kept in strict confidence.
Consolidated data compiled from all responses may be used for coach and manager feedback
and development.

Thank you for supporting Frontier Little League.
