

**OAFA Evaluation**

**House League Program:** (CIRCLE ONE) Squirt Boys Squirt Girls Pee wee Boys Bantam Girls Mid/Jr Boys Mid/Jr Girls

**Select Program:** (CIRCLE ONE) Jr. Mite (atom) Mite Girls Mite Boys Squirt Girls Squirt Boys

Novice Girls Pee wee Boys Bantam Girls Bantam Boys Midget Boys Midget Girls

**Competitive Program:** (CIRCLE ONE) Mite Boys Squirt Boys Pee wee Boys Bantam Boys Midget Boys Jr. Ladies

The following is the view of 

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Player      Parents      Both

**TOO LOW      LOW                      ADEQUATE                      HIGH      TOO HIGH**

**Association:**

Visibility of OAFA Executive  
Information flow from the Executive  
Information flow from Convenor


How can we improve: \_\_\_\_\_

**Web Site (www.oafa.org):**

Ease of finding needed info  
Value of the info on the site


How can we improve: \_\_\_\_\_

**Schedule:**

Length of season (number of weeks)  
Number of games  
Number of practices


How can we improve: \_\_\_\_\_

**Umpires:**

Knowledge level of umpires  
Fairness of umpires  
Clarity of calls


How can we improve: \_\_\_\_\_

**Coaching:**

Coach's knowledge of the sport:  
Coach's ability to teach new skills:  
Coach's demonstration of Sportmanship  
Coach's respect for the Umpires  
Quality of Practices (uses a variety of drills)


How can we improve: \_\_\_\_\_

Would you recommend the Association to other parents/players

yes      no  

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Would you recommend the coach to other parents/players

yes      no  

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If you were a coach, do you wish to coach again next year.

yes      no  

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 (what level)

If you have not had training, would you like to have training to become a coach.

yes      no  

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Will your son/daughter be returning to the Assn' next season.

yes      no  

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What program would your son/daughter liked to be part of next season.

HL      SEL      COMP  

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Would you like to join the executive / join a committee

yes      no  

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Comments:

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(OPTIONAL) Name : \_\_\_\_\_  
Telephone: \_\_\_\_\_

Thank you for your valuable input.