



### YOUTH SOCCER PROGRAM EVALUATION

1. How old is your child? \_\_\_\_\_  Boy  Girl
2. What is your overall view of the program?  Good  Fair  Poor
3. Would you return to our program?  Yes  No
4. Did your child enjoy the program?  Yes  No
5. How would you rate the officials?  Good  Fair  Poor
6. Which facility were your child's games played?
  - Everett Athletic Complex
  - Pearson Springs
7. How would you rate the facility?  Good  Fair  Poor
8. Were practice times convenient?  Yes  No
 

If not, please explain: \_\_\_\_\_
9. Will you participate in our spring soccer league?  Yes  No
10. Did you agree with the participation rule (Each child plays 1/2 of game)?  Yes  No
11. Were you satisfied with the coach?  Yes  No Coaches Name \_\_\_\_\_
 

If not, please explain: \_\_\_\_\_
12. How would you rate the coach?  Good  Fair  Poor
13. How would you rate the concessions area?  Good  Fair  Poor
14. When registering your child, was the staff helpful and courteous?  Yes  No
15. How did you find out about our program?
  - Newspaper  Internet  Brochure  Word of Mouth  Repeat
16. Please use the back of this form to inform us of what improvements could be made to the program?