



Survey

The information you provide is anonymous and will only be used for developmental feedback for the Association, Coach and overall growth of the program.

Please Return to:

**Appomattox Soccer Association
PO Box 174
Appomattox, Virginia 24522**

What age group was your child in this season? U4 U6 U8 U10 U12 U15

What was the name of your child's coach/coaches?

HOW SATISFIED WERE YOU WITH:

The current season in general?	Very Satisfied	Satisfied	Very Unsatisfied	Not sure
Your child's coach?	Very Satisfied	Satisfied	Very Unsatisfied	Not sure
The scheduling of your child's games?	Very Satisfied	Satisfied	Very Unsatisfied	Not sure
The scheduling of your child's practices?	Very Satisfied	Satisfied	Very Unsatisfied	Not sure

ORGANIZATION/COMMUNICATION:

The communication you received from your coach?	Very Satisfied	Satisfied	Very Unsatisfied	Not sure
The communication you received from ASA?	Very Satisfied	Satisfied	Very Unsatisfied	Not sure
Parents well-informed about practice/game schedules?	Excellent	Good	Average	Poor
Makes effective use of e-mail/phone calls/text messages?	Excellent	Good	Average	Poor
Responsive to questions/concerns you had?	Excellent	Good	Average	Poor

PRACTICES:

My child's soccer skills improved throughout the season?	Yes	No
My child has enjoyed playing with this coach?	Yes	No
Coach provides feedback to players in areas where they can improve?	Yes	No
Coach teaches useful skills and tactics?	Yes	No
Coach teaches in a way that players can understand?	Yes	No

GAMES:

Coach is fair to the referees (if any) and the other team?	Yes	No
Coach is fair to all of the players on the team?	Yes	No
Coach makes everyone feel they are an important part of the team?	Yes	No

OVERALL:

Would you consider having your child play next season?

Yes No

My child enjoyed the soccer season with ASA?

Yes No

What did you like most about this season?

What suggestions would you make to help improve the ASA soccer program?

Please provide any additional comments below.

If you are interested in becoming more involved with ASA please fill out below

Name: _____

Best time to reach you:

Phone number: (Home) _____

(Cell) _____

Email Address: _____

Thank you for taking the time to fill out this survey.