

Carlsbad Youth Baseball

P.O. Box 4475, Carlsbad, CA 92018 • www.CarlsbadYouthBaseball.org • Voicemail: 599-3210

Do not write player or parents' names on this form.

Please fill out one form each for the team manager and primary assistant coach for your team. We appreciate your time and effort in completing these surveys as honestly as possible. Results of these surveys are a crucial reference used during the Manager and Coach Evaluation and Selection processes.. The information also will be used to provide valuable feedback to Managers and Coaches on areas where their teaching methods are effective, and also where they need some improvement.

Manager or Coach Name:					
Team Name:					
Player Division (Circle One)					
Pinto	Mustang	Bronco	Pony	Colt	
Year					
Season (Circle One)		Spring	Fall		
Player's/Family's Experience with CYB (# of seasons)					
Manager/Coach Evaluation (1 = poor; 5 = outstanding)					
Category	1	2	3	4	5
Practice Organization/Management					
Game Organization/Management					
Maintaining a safe environment					
Knowledge of baseball					
Ability to Teach					
Attentiveness and respect to players					
Communication Effectiveness					
Appropriate Level of Competitiveness					
Respect for Officials and Opponents					
Makes the season fun and exciting					
Demonstrates Fair Play					
Overall Coaching Staff Effectiveness					

Based upon your experience with this Manager or Coach this season, do you think your player will want to participate again next season (Yes or No)? _____

If "No", Why Not? _____

Please return completed form as follows:

- 1) Fill out online at www.carlsbadyouthbaseball.org (available at season end)
- 2) Personal delivery to any existing Executive Board Member
- 3) Mail to PO Box Address