

**KCSS Coach & Program Evaluation**  
**(to be completed by a parent)**

The Kaukauna Catholic School System Athletic Association, coordinators of the interscholastic programs at KCSS, would appreciate your feedback on the athletic season just completed. This feedback is critical, whether positive or negative, to help ensure the best experience for our student-athletes.

**Sport:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Boys** \_\_\_\_\_ **Girls** \_\_\_\_\_ **Coaches:** \_\_\_\_\_

Did you like the coaches' philosophy and expectations for team members?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

Did the coaches represent KCSS in a positive manner?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

Did your child have a positive experience?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

Did the program meet your expectations?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

Do you have any comments, positive or negative, regarding the coach, organization of the teams, or how the program is run that may improve the program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

Name (optional): \_\_\_\_\_

**Please return to the school office. Thanks for your feedback.**