

DIVINE CHILD CYO ACTIVITY SURVEY

In an attempt to make DC activities as enjoyable as possible for all those involved, please complete this survey and provide your thoughts and comments about this program. Signing your name is optional, however it may help to come back to you for further information if the need arises. This survey will be used by the Athletic Director to aid in evaluating this program. Thank you for your time and effort.

SPORT: _____ **GRADE LEVEL:** _____
COACH: _____ **ASS'T COACHES:** _____

PLAYING TIME:

Was sufficient playing time provided for all team members? Yes No

PRACTICE TIME:

How do you feel about the amount of time devoted to team practices?

Right Amount Too Much Not Enough

COACHES:

Please give your response regarding the performance of the team coaches in the following areas (you may want to specify the coaches name if more than one):

A. Treatment of Players:

B. Knowledge of the Sport:

C. Teaching Fundamentals:

EQUIPMENT / FACILITIES:

A. Was the equipment provided for this activity satisfactory? Yes No

B. Were the facilities satisfactory? Yes No

SELF IMAGE:

How did your child athlete feel about this activity?

CHANGES:

Are there specific things that you would like to change or keep about this activity?

OVERALL ACTIVITY EVALUATION AND COMMENTS:

Excellent Good Fair Poor

NAME: (optional) _____

Please return to the Athletic Director by sending via email or US Mail to:

or Email address: LC7518@aol.com Scalfj@dces.info
Divine Child Elementary School Attention CYO
Attn: Mike Opiela, Athletic Director Athletic Dept.
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