



RECREATION DEPARTMENT

The Heart of the Neighborhood



YOUTH ATHLETICS
TEAM SPORTS EVALUATION

Participant or parent: Please take a few minutes to fill out this evaluation form for the program in which you are now participating. This evaluation will allow you to provide valuable feedback regarding the quality of your Youth Athletic programs. It is the intention of the Chula Vista Recreation Department to utilize this feedback to improve upon the quality of our Youth Athletics programming in order to provide the best possible program for our participants. Please complete the evaluation and give it to any staff member or mail it to:

City of Chula Vista
Recreation Department - Youth Athletics Division
276 Fourth Avenue, MS R-109
Chula Vista, CA 91910
Attn: Youth Sports

Name (Optional) \_\_\_\_\_ Phone (Optional) \_\_\_\_\_

Program \_\_\_\_\_ Session: Fall Winter Spring Summer

Facility: Parkway Gym – Salt Creek Community Center - Other \_\_\_\_\_ (specify)

(Please circle where appropriate)

DAY(s): Mon Tue Wed Thur Fri Sat TIME: \_\_\_\_\_ Year \_\_\_\_\_

PROGRAM EVALUATION

(Please circle - #1 being low and #6 being high)

- 1. Schedule (days and times convenient) ..... 1 2 3 4 5 6
2. League Balance ..... 1 2 3 4 5 6
3. Facility / fields (maintained and in good condition) ..... 1 2 3 4 5 6
4. Equipment (adequate in type, amount and condition) ..... 1 2 3 4 5 6
5. Facility cleanliness/appearance ..... 1 2 3 4 5 6
6. Cleanliness of Restrooms ..... 1 2 3 4 5 6
7. League Organization (schedules, rules, etc.) ..... 1 2 3 4 5 6
8. Convenience of Registration (mail-in and walk-in) ..... 1 2 3 4 5 6
9. Uniforms..... 1 2 3 4 5 6
10. Fees/value..... 1 2 3 4 5 6
11. Website/Flyer Information..... 1 2 3 4 5 6

COACHES

(Please circle - #1 being low and #6 being high)

- 1. Knowledge ..... 1 2 3 4 5 6
2. Punctuality ..... 1 2 3 4 5 6
3. Discipline ..... 1 2 3 4 5 6
4. Safety ..... 1 2 3 4 5 6
5. Communication ..... 1 2 3 4 5 6
6. Fairness..... 1 2 3 4 5 6
7. Works with every child..... 1 2 3 4 5 6
8. Teaches life skills..... 1 2 3 4 5 6
9. Good winner/loser..... 1 2 3 4 5 6
10. Always positive ..... 1 2 3 4 5 6

(OVER)

**OFFICIALS**

(Please circle - #1 being low and #6 being high)

1. Knowledge .....	1	2	3	4	5	6
2. Punctuality .....	1	2	3	4	5	6
3. Discipline .....	1	2	3	4	5	6
4. Safety .....	1	2	3	4	5	6
5. Communication .....	1	2	3	4	5	6
6. Fairness.....	1	2	3	4	5	6
7. Consistency.....	1	2	3	4	5	6

**SCOREKEEPERS**

(Please circle - #1 being low and #6 being high)

1. Punctuality .....	1	2	3	4	5	6
2. Communications .....	1	2	3	4	5	6
3. Knowledge .....	1	2	3	4	5	6
4. Safety .....	1	2	3	4	5	6
5. Do they pay attention.....	1	2	3	4	5	6

**COMMENTS**

1. Regarding League Balance and Organization \_\_\_\_\_  
\_\_\_\_\_
2. Regarding Officials and Scorekeepers \_\_\_\_\_  
\_\_\_\_\_
3. Regarding Courts \_\_\_\_\_  
\_\_\_\_\_
4. Regarding Registration Fees and Procedures \_\_\_\_\_  
\_\_\_\_\_
5. Additional programs you'd like to see offered in the future \_\_\_\_\_  
\_\_\_\_\_
6. Courtesy/helpfulness of staff \_\_\_\_\_  
\_\_\_\_\_
7. Thoughts on the game with no fans, coaches, & officials \_\_\_\_\_  
\_\_\_\_\_
8. Miscellaneous \_\_\_\_\_  
\_\_\_\_\_

**Thank you for your cooperation!**

**Questions, Concerns, or Suggestions? Call the Youth Sorts Office @ 619.409.1980**