

BISHOP CHATARD HIGH SCHOOL

Athletic Department Survey/Assessment

Please respond to each of the following questions about the athletic program or particular sport by making use of the numeric scale and descriptive words which best represent your feelings. Where possible please mark all responses with the reasons for your feelings in the COMMENTS section immediately following each question. If additional room is needed, then please use the back of the form.

Please base your ratings using a scale from 1-5, with scores defined as:

- N/O = No opinion or not observed
 - 1 = Unsatisfactory significant concerns are present, vast improvement is necessary
 - 2 = Below Expected generally has experienced difficulties, improvement is needed
 - 3 = *Expected* accomplishing what is expected, normally does what is expected
 - 4 = *Excellent* generally exceeds expectations while accomplishing goals
 - 5 = *Exceptional* nearly always outperforms goals & expectations

* A rating of "3" representing the expectations are being consistently attained. A "3" rating is not average or bad, but rather the goal or item is being accomplished. Conversely, a rating of "2" or "4" represents positive or negative performance on a steady or regular basis. Ratings of "1" or "5" are unusual occurrences because they represent consistent experiences with each aspect of the goal or item.

Please indicate whether your child(ren) is/are:	Male	Female	
Number of contests you attended this year:	Freshman	JV	Varsity

EDUCATIONAL PRIORITIES IN ATHLETICS

To what degree do you feel a sound athletic philosophy is actually maintained at Bishop Chatard High School through implementation of the following:

1. The consistency with which student-athletes are required to maintain academic eligibility.

	N/O	1	2	3	4	5
COMMENTS:						

2. The consistency with which the school requires athletes to comply with school rules (behavior, attendance, punctuality).

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3. Evaluate the growth of your child in the following areas as a result of athletic participation at BCHS:

Emotional Control	N/O	1	2	3	4	5
Social-interpersonal skills	N/O	1	2	3	4	5

N/O

1

2

3

4

5

Physical growth	N/O	1	2	3	4	5
Judgment	N/O	1	2	3	4	5
Confidence / self image	N/O	1	2	3	4	5
Competitive balance	N/O	1	2	3	4	5

COMMENTS:

SAFETY, HEALTH, CONDITIONING

4. Evaluate the safety, health & conditioning areas for your child(ren) as a result of athletic participation at BCHS:

	Safeness of various playing techniques taught	N/O	1	2	3	4	5
	Safeness of practice procedures	N/O	1	2	3	4	5
	First aid emergency treatment availability	N/O	1	2	3	4	5
	Injury rehabilitation	N/O	1	2	3	4	5
	Endurance as a result of athletic conditioning	N/O	1	2	3	4	5
	Quickness as a result of athletic conditioning	N/O	1	2	3	4	5
	Flexibility as a result of athletic conditioning	N/O	1	2	3	4	5
NT	Strength as a result of athletic conditioning	N/O	1	2	3	4	5

COMMENTS:

PLAYER-COACH RELATIONSHIPS

5. Evaluate the following factors:

	Player selection criteria was communicated well	N/O	1	2	3	4	5
	Coaches' encouragement of team unity	N/O	1	2	3	4	5
	Coaches' fair/consistent treatment of all players	N/O	1	2	3	4	5
	Positive treatment of players by coaches	N/O	1	2	3	4	5
	Coaches' encouragement of individual players	N/O	1	2	3	4	5
	Players' confidence is enhanced by the coaches	N/O	1	2	3	4	5
COMMENT	Athletic skill improved as a result of team participation	N/O	1	2	3	4	5
CONTRIENTS							

COACHES AS ROLE-MODELS

6. Evaluate the behavior or example of the coach(es) for providing a positive model in dealing with:

Frustration	N/O	1	2	3	4	5
Dealing with success or failure	N/O	1	2	3	4	5

Spiritual example	N/O	1	2	3	4	5
Pressure COMMENTS:	N/O	1	2	3	4	5

EQUIPMENT & FACILITIES

7. What are your impressions of the condition & cleanliness of the school's athletic equipment and facilities:

Well maintained (paint, lights, general repairs, etc.)	N/O	1	2	3	4	5
General cleanliness	N/O	1	2	3	4	5
Condition of athletic equipment	N/O	1	2	3	4	5
Athletic uniforms are properly fitted COMMENTS:	N/O	1	2	3	4	5

Additional Comments Not Reflected in Previous Items:

Sports Experienced at B	CHS:
(If	this line is NOT filled out, then we cannot address a targeted concern area or sport)
Please provide your	
Please provide your	
Name	
Phone Number(s)	
E-mail Address	
	Please return this survey to –
	Mike Ford, Director of Athletics
	Bishop Chatard Athletics
	5885 Crittenden Avenue, Indianapolis, IN 46220-2840
	Fax 317-254-2268

e-mail: mford@bishopchatard.org