

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
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
Athletic skill improved as a result of team participation	N/O	1	2	3	4	5

COMMENTS:

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	N/O	1	2	3	4	5

COMMENTS:

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	N/O	1	2	3	4	5

COMMENTS:

Additional Comments Not Reflected in Previous Items:

Sports Experienced at BCHS: _____

(If this line is NOT filled out, then we cannot address a targeted concern area or sport)

Please provide your.....

Name _____

Phone Number(s) _____

E-mail Address _____

Please return this survey to –
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