



Region 630 U7 to U8 Fall Season Survey

Mail your response to:

AYSO 630, Attn: Lower Division ARC
 31441 Santa Margarita Parkway, Suite A-280
 Rancho Santa Margarita, CA 92688

Year: _____

We hope that both you and your child are having an enjoyable experience playing in AYSO Region 630. This is now your opportunity to let us know what you liked, what areas need improvement, and assist us in planning for the future. Please take a few minutes to respond to the following questions. Your responses will help ensure a successful future for our region.

Player's Name _____ **Division** _____
Head Coach _____ **Asst. Coach** _____
Team No. _____ **Team Name** _____

COACH – Overall Performance	Needs Major Improvement	Needs Improvement	Meets Expectations	Exceeds Expectations	Exceptional
Practice attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice knowledge and implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working relationship with Asst. Coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Game Day attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Game Day knowledge and preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COACH – AYSO Philosophies	Never	Sometimes	Most of the time	Almost always	Always
Positive Coaching					
- Instructional and positive to all players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Allows creative play, doesn't shout directives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Prioritizes fun over winning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyone Plays					
- Lineup provides equal playing time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Your player played 3 quarters in games (Explain in comment area below if less or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Goal keepers play on the field also	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Sportsmanship					
- Positive sideline behavior or comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Respect for officials, opposing coaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Makes adjustments when playing weaker teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Stays positive when other team scores or wins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend the Head Coach to coach next year? Yes No Asst. Coach to coach next year? Yes No

Please provide any additional comments regarding your Fall Season experience:

REGION – Overall Performance	Needs Major Improvement	Needs Improvement	Meets Expectations	Exceeds Expectations	Exceptional
Teams in our division were balanced (U9-U12 only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you dealt with Board Members, were they responsive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To our Coach and Referee volunteers – Thank You! Rate the region's training/mentoring programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other areas of concern or suggestions for improvement? Do you have any comments regarding this survey form?