



Geoff Spotswood SPORTS COACHING CLINICS

Dear Parent

Please consider the following and circle appropriately to aid us in planning future clinics.

Please return this form to your child's coach on the last day of the clinic.

Child's age	Clinic venue & dates					
		STRONGLY AGREE				STRONGLY DISAGREE
1	Times of clinic are suitable.	1	2	3	4	5
2	Venue and facilities are suitable.	1	2	3	4	5
Comment						
3	The coaching your child received, catered for his/her needs.	1	2	3	4	5
4	Your child enjoyed himself/herself.	1	2	3	4	5
5	What did your child get most out of the clinic?					
6	List three aspects of the clinic you and/or your child most liked.					
	(i)					
	(ii)					
	(iii)					
7	Was the coaching professionally conducted? Please comment.					

Please feel free to make any additional comments/suggestions regarding the clinic.						

Thank you for your feedback.