

PLAYER FEEDBACK FORM

Directions: Print this form. Please answer all questions honestly. Your input can help make our athletic program better. Answers are important, so if you must be critical please be constructive. These questionnaires are confidential. Complete and mail to the Athletic Office at the high school, address below.

Student-athlete profile: Male _____ Female _____

Sport _____ Age _____ Grade _____

Years on the team _____ Coach's name _____

Place the appropriate letter on the line to best describe how you feel.

1. _____ Being involved in athletics at State College Area School District has made my high school experience
A. Much more fulfilling B. Somewhat more enjoyable
C. Not made a difference one way or the other D. Has had a negative effect
2. _____ The students in school support my team
A. Very often B. Sometimes C. Never
3. _____ The facilities used for my sport, compared to others, are
A. Above average B. Very comparable C. Not as good as others
D. Very poor
4. _____ The uniforms and equipment provided by the school for my sport are
A. Above average B. Very comparable C. Not as good as others
D. Very poor
5. _____ The Boosters (parent boosters) supports my team (compared to other sports)
A. As well as others B. Does not support our team often
C. Does not support our team at all D. Not aware of Boosters
6. _____ Team rules and regulations set forth by my Coach are
A. Clearly communicated B. Communicated irregularly
C. Not communicated D. Nonexistent
7. _____ Training rules with regard to alcohol and drug use during the season on our team are followed by
A. All members B. Most members C. Some members D. Few members
E. Do not know
8. _____ Training rules with regard to alcohol and drug use outside of the season on our team are followed by
A. All members B. Most members C. Some members D. Few members
E. Do not know
9. _____ My Coach is knowledgeable about his or her sport.
A. Very knowledgeable B. Average C. Not knowledgeable
D. Other _____
10. _____ My Coach
A. Shows no favoritism B. Sometimes shows favoritism
C. Always shows favoritism D. Does not apply to my Coach
11. _____ Practice times are
A. Too late B. Too early C. Just fine D. Other

12. ____ Practice is
 A. Too long B. Too short C. Just right D. Too often E. Not often enough
 F. Other _____
13. ____ In dealing with players my Coach is
 A. Consistent B. Inconsistent
14. ____ My Coach is
 A. One of the best in the league B. An adequate coach
 C. A very good coach D. Other _____
15. ____ The team chemistry is characterized by this phrase:
 A. Everyone works as a team. B. Most everyone works as a team.
 C. Some work as a team. D. Few work as a team.
16. ____ The team attitude is
 A. Excellent B. Good C. All right D. Not good E. Very poor
17. ____ My Coach's strengths are:
18. ____ My Coach's weaknesses are:
19. ____ If I had the power to improve my team or my sport I would change the following things:

Please return the completed form to: Athletic Office
 Attn.: Athletic Director
 State College Area High School
 653 Westerly Parkway
 State College, PA 16803

Please return one completed form per student-athlete.