Frankfort Park District Soccer
Evaluation Form

Please complete this brief questionnaire and return it to the Athletic Supervisor. We value your participation and your input helps us to improve our programs. Thank you for your time and involvement in our youth soccer league.

Please Circle Grade Level: 4 yrs-K 1^{st}-3^{rd} 4^{th}-6^{th}

Please List Team Name: _____

Please evaluate the activity in the following areas and Circle the appropriate number.

1- Very True **2-True** **3-False** **4-Don't Know**

1. The coaches were knowledgeable about soccer	1	2	3	4
2. The coaches made games/practices fun	1	2	3	4
3. The coaches took time to teach the kids	1	2	3	4
4. Picture Day ran effectively	1	2	3	4
5. The photographer was courtesy and polite	1	2	3	4
6. The cost of pictures was reasonable	1	2	3	4
7. The fields were clean and spacious	1	2	3	4
8. The league was well organized	1	2	3	4
9. Chicago Fire improved the level of the program	1	2	3	4

Please Circle your answer and Write in any additional comments.

10. Did your child have fun while playing? Yes No

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11. Will you sign-up for Frankfort Park District Soccer next year? Yes No

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Please write any comments on the back of this form or e-mail me at:
msullivan@frankfortparks.org

Thanks again for your participation