

## TBAYS COACH SELF- EVALUATION FORM

Coach; please take the time to evaluate yourself for the past season. Please try to be as honest and objective as you can in filling out this form, as it will help with the on-going development of the Coaches Education Program within TBAYS.

Please list any TBAYS Clinics, MSYSA coaching clinics or coaching licensing clinics you have attended in the last 2 years.

TYPE OF CLINIC

DATE ATTENDED

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Please list your strengths and weaknesses as a coach:

STRENGTHS:

WEAKNESSES:

When would be the best time to hold a coaches clinic? (Week-day, weekend, early evening etc)

Which part of coaching did you enjoy the most this season?

Which part of coaching did you least enjoy this season?

How can the Director of Coaches help you to become a better coach?

Are you interested in developing your knowledge of coaching and soccer through licensing clinics?

Please define "Individual Player Development"

Are you a "yeller" or "screamer"? If so, why? If not, why not? (Please be honest with this one!)

**Please mail this to the TBAYS office for the attention of Gavin Richmond, Director of Coaches.**

TBAYS, 821 Hastings Street, Suite 218, Traverse City, MI, 49686.

OR you can hand it personally to Gavin at Keystone or any other soccer facility in TC.

Many thanks for taking the time to fill this form in. It will make a better program for the children and make you a better coach.

