



Sherwood Park Minor Baseball Association

2010 Rep Program

Survey for Pee Wee / Mosquito Players



Date:	Team:				
Coaching Staff: (print names)	Head Coach	Asst #1	Asst #2	Asst #3	Mgr
Please rate your overall satisfaction of the 2010 Baseball Season:					
<input type="checkbox"/> Extremely Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Extremely Dissatisfied					
Coaching Staff (includes all individuals named above):					
Please rate your overall satisfaction of the above coaching staff:					
<input type="checkbox"/> Extremely Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Extremely Dissatisfied					
<ul style="list-style-type: none"> • Did the coaching staff explain their role and outline their expectations of you? <input type="checkbox"/> Yes <input type="checkbox"/> No 					
<ul style="list-style-type: none"> • Were you and your teammates treated fairly? With respect? <input type="checkbox"/> Yes <input type="checkbox"/> No 					
<ul style="list-style-type: none"> • Did you feel comfortable asking questions? If no, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No 					
<ul style="list-style-type: none"> ▪ Did the coaches show respect for umpires and their decisions? If no, please provide examples. <input type="checkbox"/> Yes <input type="checkbox"/> No 					
<ul style="list-style-type: none"> ▪ Did the coaches interact favorably with parents? If no, please provide examples. <input type="checkbox"/> Yes <input type="checkbox"/> No 					
<ul style="list-style-type: none"> • Were you satisfied with the level of knowledge of the coaching staff? If no, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No 					
<ul style="list-style-type: none"> • Were you satisfied with the level of commitment of the coaching staff? If no, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No 					



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<ul style="list-style-type: none"> ▪ Which members of the coaching staff would you like to have again? Why or why not? 		
Head Coach	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asst #1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asst #2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asst #3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manager	<input type="checkbox"/> Yes	<input type="checkbox"/> No

As a Player:	
<ul style="list-style-type: none"> • Which of your skills improved over the season because of the instruction/teaching of your coaches? 	
<ul style="list-style-type: none"> • Are there any areas that you felt didn't get addressed? 	
<ul style="list-style-type: none"> • What skills or parts of the game do you want to learn more about / develop? 	
<ul style="list-style-type: none"> ▪ Did you have fun playing baseball this year? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> ▪ Do you plan on playing again next year? <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • What was the best part of the season? 	
<ul style="list-style-type: none"> • What was the worst part of the season? 	
<ul style="list-style-type: none"> • Please provide any additional feedback you feel is important for the Rep Committee to know. 	



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▪ Can the Rep Director or VP Rep Program contact you regarding your comments?	
<input type="checkbox"/> Yes	Name: _____ (optional)
<input type="checkbox"/> No	Phone #: _____ (optional)

THANK YOU for taking the time to complete this survey. We value your input!

Please submit your responses in a sealed envelope marked Confidential or by Confidential Email or Fax.
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By Mail Box 57069, RPO Eastgate, Sherwood Park, AB T8A 5L7
By Email vprep@spmba.ca
By Fax 1.866.618.7580