

Note: This side of our form is for those student's involved in organized sports programs:

CENTRAL CHRISTIAN ACADEMY

PO Box 741600

Orange City, FL 32774

Phone (407) 332-6988

Leslie Rawle / School Director

Organized Sports Evaluations

Dear Coach/Instructor,

Thank you for taking the time to fill out this form for our school. We consider the physical education experience of our students to be an important part of their High School learning experience. The information you provide us will be of utmost importance. Please be honest and candid. Your comments will be held in strict confidence. The information you provide us will be used to evaluate the student. Upon completion, please return this form to us in the envelope provided.

Name of Student _____ Date of Birth _____

Parent or Guardian _____

Name of Coach _____ Sport involved in _____

Date Student began _____ Average hours of practice per week _____

How often are Games? _____ Time Frame of Season _____

Please give a brief explanation of the level of ability the student began with and what level of ability they are at now: _____

Comments: _____

Coach/Instructor Evaluation of Student		
Follows Directions, Coachable:	<i>Above average</i> _____	<i>Average</i> _____ <i>Needs Improvement</i> _____
Sportsmanship:	<i>Above average</i> _____	<i>Average</i> _____ <i>Needs Improvement</i> _____
Attendance to Practices:	<i>Above average</i> _____	<i>Average</i> _____ <i>Needs Improvement</i> _____
Respect for Authority:	<i>Above average</i> _____	<i>Average</i> _____ <i>Needs Improvement</i> _____
Attitude:	<i>Above average</i> _____	<i>Average</i> _____ <i>Needs Improvement</i> _____
How would you rate the overall development of this student:	<i>Above average</i> _____	<i>Average</i> _____ <i>Needs Improvement</i> _____
If Grades are given, how would you grade this student? (A, B, C, etc.)	_____	

