

FEEDBACK FORM for NEEDHAM HIGH SCHOOL ATHLETICS

Dear Student-Athletes and Parents/Guardians:

The NHS Athletic Department invites you to provide feedback on your experiences this season. We welcome your answers to the items below as well as your comments and suggestions. This is a confidential form with the option to include your name. The sole purpose of this Feedback Form is to help continue to improve our Athletic Program.

Thank you! Dan Lee, Director of Athletics

1. To what extent was there team spirit and cohesiveness among the athletes?

- Not at all A little bit Somewhat Quite a bit A great deal

2. How much were skills developed and improved upon during the season?

- Not at all A little bit Somewhat Quite a bit A great deal

3. To what extent was an environment of respect and understanding established?

- Not at all A little bit Somewhat Quite a bit A great deal

4. How enjoyable and rewarding was the experience for participants?

- Not at all Slightly Somewhat Very Extremely

5. To what extent was there a positive and supportive atmosphere?

- Not at all A little bit Somewhat Quite a bit A great deal

6. To what extent was there adequate supervision and instruction to insure safety?

- Not at all A little bit Somewhat Quite a bit A great deal

7. How sound and open were the lines of communication?

- Not at all Slightly Somewhat Very Extremely

8. How well organized were practices in preparing team/athletes for contests?

- Not well at all Slightly well Somewhat well Very well Extremely well

9. To what extent were positives stressed and critiques provided in constructive ways?

- Not at all A little bit Somewhat Quite a bit A great deal

10. How clearly were expectations communicated to athletes and parents?

- Not at all Slightly Somewhat Very Extremely

11. How consistently and fairly were school/team rules and policies enforced?

- Not at all Slightly Somewhat Very Extremely

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12. How would you rate the commitment, demeanor, language and conduct of the athletes/team/staff?

- Poor Fair Average Good Outstanding

13. Overall, your experience this season was:

- Poor Fair Average Good Outstanding

14. What additional feedback would you like to share about your athletic experience?

15. Student Gender

- Female
 Male

16. Student Grade

- Freshman Sophomore Junior Senior

17. Level

- Varsity Junior Varsity Freshman Club

18. Season

- Fall Winter Spring

19. Sport

20. You are:

- Parent/Guardian Student-Athlete

21. Your Name (optional)