

# Chettle Court Rangers (Youth)FC



## Evaluation form

Please take a few minutes to fill out this evaluation form. This helps us to monitor how well Training Session are going and how they can be improved or how well Tournament are going or Sunday Match.

Please Tick :-

Training Session       Tournament       Sunday Match

Name..... Date:.....

Please Tick your age group:-

Under9 – 12       Under13 – 15       Under16 – 17

(The information held in this evaluation form will be treated as confidential)

How do you feel the Training Session  ,Tournament  & Sunday Match  went overall?  
Very good     Good     Satisfactory     Poor

- If poor: which areas do you feel could have been presented better?

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Please suggest ways in which the information could have been presented better  
(E.g. to make it clearer or more interesting)

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Which part of the Training Session did you find most useful

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Was the time of the Training Session  ,Tournament  & Sunday Match  ok for you?  
Yes       No

If not what time would be Suitable.....

Do you have any further suggestions?

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Thank you