

**Dear (Organization Name) Family,**

**Our (Organization) encourages development of the young athlete through positive coaching.**

**Our (volunteer) coaches are offered annual training and we have adopted a program of formative evaluation to monitor and provide support for our coaching staff.**

At the start of the season, parents and coaches are reminded of the (organization) mission in youth athletics. The (organization) wants to:

- 1) encourage parents' positive support of young players at practices and games, and
- 2) recognize coaches who successfully fulfill (organization) goals for individual & team development.

**Please take a few minutes as the parent of an (Organization) player to complete this short questionnaire** and mail to your (Organization) Office address listed below. All RESPONSES ARE CONFIDENTIAL, but information and summaries may be used for educational and/or professional development programs to help improve the quality of the coaching provided.

**If you have any questions or concerns, please contact your coach, division head, commissioner, or Regional Office at: (555) phone number or National (Organization) at (800) phone number.**

**Rank each of the following statements using a scale of 1 (disagree) to 7 (agree).**

*Circle your choice.*                      example                      disagree    1    2    3    4    5    6    7    agree

(Organization) COACH

- a. Encouraged sportsmanship                      disagree    1    2    3    4    5    6    7    agree
- b. Increased the player's enjoyment of (sport)    disagree    1    2    3    4    5    6    7    agree
- c. Distributed playing time fairly                      disagree    1    2    3    4    5    6    7    agree
- d. Used praise to encourage skill development    disagree    1    2    3    4    5    6    7    agree
- e. Conducted valuable practice sessions            disagree    1    2    3    4    5    6    7    agree
- f. Gave constructive feedback during games        disagree    1    2    3    4    5    6    7    agree
- g. Handled losing and difficult situations well       disagree    1    2    3    4    5    6    7    agree
- h. Handled winning well                                    disagree    1    2    3    4    5    6    7    agree
- i. Respected psychological and physical rights\*    disagree    1    2    3    4    5    6    7    agree  
       \*Please explain any problems in space below or on questionnaire back.
- j. Asst. Coach supported (Organization) Goals    disagree    1    2    3    4    5    6    7    agree
- k. Overall evaluation of 1998(Organization)  
    (SPORT) EXPERIENCE WAS POSITIVE                disagree    1    2    3    4    5    6    7    agree
- l. Would you like your daughter or son to have this coach again?    NO        YES

**(continued on next page)**

**Please COMMENT: Aspect(s) of your coach, team, or player experience you found to be particularly valuable or of concern:**

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Questionnaire completed by:    Male    Female    Couple

Years affiliated with (Organization) program:        1 2 3 4 5 6 7 8 9 10 or more

Thank you for your time

Signature (voluntary) \_\_\_\_\_ (phone) \_\_\_\_\_

**PLEASE SEND TO:** Your Organization Office        8/13/98

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