

KEEP OVERPRINTING WITHIN THESE LINES

Germantown High School Parent Athletic Questionnaire Fall Season

Name (optional) _____

Directions: With a No. 2 pencil and using the following scale, select the response that best reflects your opinion for each question.

A = strongly agree B = agree C = disagree D = strongly disagree
E = not applicable/unknown

Select only one response for each question and mark the letter next to the number on the left that corresponds with the question number. Additional comments should be placed on a separate sheet. Return your survey to Germantown High School main office or activities office. Return the survey no later than two weeks from receiving it.

SURVEY MARKING INSTRUCTIONS
* Use a No. 2 Pencil
* Fill circles completely
* Erase cleanly

SURVEY MARKING INSTRUCTIONS

SURVEY NAME _____

- 1 (A) (B) (C) (D) (E)
- 2 (A) (B) (C) (D) (E)
- 3 (A) (B) (C) (D) (E)
- 4 (A) (B) (C) (D) (E)
- 5 (A) (B) (C) (D) (E)
- 6 (A) (B) (C) (D) (E)
- 7 (A) (B) (C) (D) (E)
- 8 (A) (B) (C) (D) (E)
- 9 (A) (B) (C) (D) (E)
- 10 (A) (B) (C) (D) (E)
- 11 (A) (B) (C) (D) (E)
- 12 (A) (B) (C) (D) (E)
- 13 (A) (B) (C) (D) (E)
- 14 (A) (B) (C) (D) (E)
- 15 (A) (B) (C) (D) (E)
- 16 (A) (B) (C) (D) (E)
- 17 (A) (B) (C) (D) (E)
- 18 (A) (B) (C) (D) (E)
- 19 (A) (B) (C) (D) (E)
- 20 (A) (B) (C) (D) (E)

1. We had a clear understanding of the forms to be completed (Physical, Activities Code, etc.)
2. The pre-season meeting clearly informed us of team rules, policies, and expectations.
3. The time commitment for practices, team meetings, and contests were appropriate.
4. Fund raising expectations were clearly explained.
5. The team selection criteria and process was explained.
6. Changes in practice times, contest dates, and contest locations were clearly communicated.
7. The coach conducted him/herself in a professional manner.
8. The coach is viewed as a positive role model.
9. The coach communicates with parents and responds to questions and concerns in an appropriate and timely fashion.
10. Firm and consistent discipline was demonstrated throughout the season.
11. The coaching staff supported the academic performances and development of my child.
12. My child improved his/her technical skills of the sport throughout the season.
13. My child understands areas in which individual improvement is needed and has been given direction for off-season development.
14. My child's interest in improving in the off-season has been fostered by the coach.
15. The team's performance was consistent with the quality of athletes.
16. The coach provided leadership and attitude that produce positive efforts by my child.
17. Motivational techniques were ethical, sound in value, and produced productive results.
18. My child was made to feel like he/she was an important part of the team.
19. My child's attitude toward being a member of this program was positive.
20. The coach develops respect by example in appearance, manner, behavior, language and conduct during athletic contests.

A	B	C
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

SURVEY NUMBER

DO NOT
PRINT
IN THIS
AREA

21 Y N
A B C D E

21. The coaching staff cooperated well with the media to promote the sport.

22 A B C D E

22. The coach teaches safety to players to help prevent injuries.

23 A B C D E

23. It was easy to approach the coach with any concerns.

24 A B C D E

24. My child had fun this season.

25 A B C D E

25. Given the opportunity, my child would participate in the sport again.

26 A B C D E

26. Overall, the coaching staff performed well.

27 A B C D E

27. The program your child was involved in was very successful.

Facilities, Equipment, and Support

28 A B C D E

28. The playing facilities provided were equivalent in quality to opponents.

29 A B C D E

29. The uniforms and warm-ups were comparable to those of our opponents.

30 A B C D E

30. The equipment provided to my child was comparable to our opponents.

31 A B C D E

31. My child and I were aware of the athletic training services available to your athlete.

32 A B C D E

32. The treatment/care of my child's athletic injuries was effective.

33 A B C D E

33. Athletic training service and coverage was adequate.

34 A B C D E

34. I am aware of the Athletic Booster Club and the support they provide the athletic teams.

35 A B C D E

35. As a parent, I was able to get involved with supporting my child's team or athletic program.

36 A B C D E

36. When visiting or contacting the Activities Office I found the staff helpful and friendly.

37 A B C D E

37. The high school web site was helpful in providing athletic information.

38 A B C D E

38. Overall the athletic programs at GHS are successful.

39 A B C D E

39. Overall the atmosphere at GHS is positive for the success of student-athletes.

40 A B C D E

40. Additional comments are welcome on a separate sheet of paper.

Sport: Circle the program and level in which your child participated

Girls' Cross Country	V	JV	FR
Boys' Cross Country	V	JV	FR
Football	V	JV	FR
Boys Soccer	V	JV	FR
Girls' Swim	V	JV	FR
Girls' Tennis	V	JV	FR
Volleyball	V	JV	FR