



Parent Feedback Form

Dear Gator Parent,

As a way to help our swim team run smoothly, your input is important to us. Please take a few minutes to fill out this questionnaire and place in the box in the office. If you have more than one swimmer and they are in a different group, please fill-out one questionnaire for each swimmer. All your responses will be kept confidential.

What group is your son/daughter in? (Check One)

- _____ Mini Gators
- _____ Green Crocs
- _____ Yellow Crocs
- _____ Swamp Monsters
- _____ Caimans
- _____ Seniors

Our child is a: (check one) Year round swimmer Summer swimmer

How many years have you been swimming with the Gators? _____

What are your goals for your child with Gators? _____

Did your experience with Gators meet your expectations? Please, explain in a few sentences. _____

Please tell us if you would agree or disagree with the following statements using this scale:

1= Strongly Agree; 2= Somewhat Agree; 3= Neutral; 4= Somewhat Disagree; 5= Strongly Disagree

- _____ The length of practice is too long
- _____ There are too many swimmers per lane during practice
- _____ I am pleased with my child's swim coach
- _____ Our group swim coach teaches stroke technique
- _____ I feel comfortable approaching my child's swim coach with questions/concerns
- _____ Our coach explains all the rules and expectations before the meets
- _____ Our coach communicates well and motivates our child during the swim meets
- _____ Our coach is aware of our child's physical and emotional potential and works with her/him well
- _____ Our coach motivates my child to set goals and work hard for them
- _____ Our coach communicates with our child well
- _____ Our coach communicates with us (parents) well in a timely manner

What would you like to see changed/improved, if any? _____



What are your main concerns? _____

How can we better serve you? We want to hear your ideas and suggestions in following areas, (you can add your own to the list)

Scheduling: _____

Coaching technique: _____

Motivational coaching: _____

Team Work/Spirit: _____

Volunteer Jobs: _____

Communication: _____

Educational, (health & nutrition, life styles for swimmers, how to prepare the body & soul for competition, etc.): _____

Please provide any additional comments/concerns on the reverse side of this page. Return completed form to box in membership office. Thank you!