

2008 **Program** Evaluation

Parent Response Form

Please complete the following form. Your response and suggestions are important and will be used to improve our organization. Completed forms should be returned to:

Dale Hager/ FLBA
10446 216th St.
Scandia, MN 55073

or e-mail them to: **dchager@frontiernet.net** (forms available at www.flbaseball.org)

Team: _____ Coach: _____

Note: Check "No Opinion" if you have no first hand knowledge of a particular category. Please do not rely on the opinions of others when completing your evaluation. Circle one number for each category.
(Use the number 5 for the highest or best rating)

- | | | | | | | |
|------------------------------------|------------|---|---|---|---|---|
| 1. Tryouts | No Opinion | 1 | 2 | 3 | 4 | 5 |
| 2. Fees | No Opinion | 1 | 2 | 3 | 4 | 5 |
| 3. Team Assignment | No Opinion | 1 | 2 | 3 | 4 | 5 |
| 4. Fields/Facilities | No Opinion | 1 | 2 | 3 | 4 | 5 |
| 5. Fund Raising/Raffle | No Opinion | 1 | 2 | 3 | 4 | 5 |
| 6. Communications from FLBA | No Opinion | 1 | 2 | 3 | 4 | 5 |
| 7. Uniforms | No Opinion | 1 | 2 | 3 | 4 | 5 |
| 8. Number of Tournaments | No Opinion | 1 | 2 | 3 | 4 | 5 |

Use reverse side for additional comments. Recommendations for changes should include specific ideas and solutions for any area you perceive as a problem.

Signature: _____ Date: _____

All forms must be returned by August 1, 2008