

REC SPORTS VOLLEYBALL EVALUATION

To: Volleyball Participants
From: Clark Ver Hulst
Re: *Evaluations*

In an attempt to improve our Volleyball Program we are asking you to fill out this brief questionnaire. Your honest responses will provide constructive input on any improvements we can make to provide you with a quality program.

Team Name: _____ Night: _____
 Manager's Name: _____ E-Mail: _____
 Day Phone: _____ Evening Phone: _____ Cell Phone: _____ Fax: _____
 Address: _____ City: _____ Zip: _____

1. Do you have access to a fax machine? _____ If no, please skip ahead to question number two.
 - a. Would you like to receive our summer and fall league information via fax? _____
 - b. Would you like to receive monthly faxes on upcoming programs? **Circle:** Softball, Basketball, Volleyball, Football, Hockey
2. Do you have access to the Internet? _____ If no, please skip ahead to question number three.
 - a. Would you like to receive our summer and fall league information via E-Mail? _____
 - b. Would you like to receive monthly E-Mails on upcoming programs? **Circle:** Softball, Basketball, Volleyball, Football, Hockey
 - c. Would you check our Website to receive cancellation information? _____
3. If you received information via E-Mail/Fax would you still like to receive our February mailing_____? June Mailing?_____
4. When do you use our 24-hour information line (616) 222-5010? Check all those that apply:
 ___At the start of the spring and summer season. ___For cancellation information. ___To learn about other sporting events offered by Rec Sports.
5. If all of this information were available on our Website, would you need to use our 24-hour information line?
 Yes _____ No _____ Sometimes _____
6. Do you have any suggestions on additional leagues, tournaments, or sports you would like to see us offer?

VOLLEYBALL COORDINATOR

		ABOVE		BELOW	
	EXCELLENT	AVERAGE	AVERAGE	AVERAGE	POOR
1. Was actively interested in creating a positive experience for my team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Took time to address any special concerns, questions, suggestions scheduling conflicts, etc. in a fair and equitable manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communicated game schedules in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Organization of the leagues in a fair and equitable manner in order to keep league parity as equal as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was interested in providing a quality Volleyball Program, and made improvements when possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conducted himself in a professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NIGHTLY SUPERVISOR

1. Were actively interested in creating a positive experience for my team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Took time to address any special concerns, questions, suggestions, scheduling conflicts, etc. in a fair and equitable manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were interested in providing a quality Volleyball Program, and making any improvements deemed necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Handled time restriction in a fair and equitable manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Took time to personally interact with my team on a weekly basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Started game times in a prompt manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Conducted him and/or herself in a professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Knowledge of rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn in your questionnaire to your supervisor or mail to:

REC SPORTS VOLLEYBALL
 ATTN: Clark Ver Hulst
 4223 Limousin Ct.
 Grandville, MI 49418

EVALUATION

If you indicate something needs to be improved, please explain.

SCHEDULING: EXCELLENT ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

COMMENTS: _____

NIGHTLY SUPERVISORS: EXCELLENT ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

COMMENTS: _____

RULES: EXCELLENT ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

COMMENTS: _____

PARITY IN LEAGUES: EXCELLENT ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

COMMENTS: _____

COMMUNICATION TO TEAMS: EXCELLENT ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

COMMENTS: _____

PLAYOFF FORMAT: EXCELLENT ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

(With the top four teams making the playoffs) COMMENTS: _____

COURT CONDITIONS: EXCELLENT ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

COMMENTS: _____

LENGTH OF SEASON EXCELLENT ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

COMMENTS: _____

Additional Comments:

Negative: _____

Positive: _____

Other comments, suggestions, ideas, criticisms: _____