

# COACHING QUESTIONNAIRE / SURVEY

Date: \_\_\_\_\_

Season: \_\_\_\_\_

Coaches Name: \_\_\_\_\_

Division: \_\_\_\_\_

1. Are you interested in coaching next year? YES NO
2. Would you attend a coaching clinic to further your skills as a coach? YES NO
3. What license level would you like LBYSO to offer? \_\_\_\_\_
4. Would you like to referee? YES NO
5. Would you attend a referee class? YES NO
6. Is there someone you recommend to coach next year?

➤ Name & Phone Number: \_\_\_\_\_

7. Do you know of anyone interested in refereeing in LBYSO next year?

➤ Name & Phone Number: \_\_\_\_\_

➤ Name & Phone Number: \_\_\_\_\_

8. Do you know of anyone interested in being a LBYSO Commissioner or Board Member?

➤ Name & Phone Number: \_\_\_\_\_

➤ Name & Phone Number: \_\_\_\_\_

9. Do you have any rule changes or additions LBYSO should consider for next year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you have any recommendations the Board should consider for next year?

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\_\_\_\_\_  
\_\_\_\_\_

11. Do you have any general comments regarding coaching, refereeing, or operations of LBYSO?

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\_\_\_\_\_  
\_\_\_\_\_

12. Did you have any difficult coaching situations you had to deal with this year?

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\_\_\_\_\_