

# evaluation

## Coaches Evaluation Form

Thanks for your support of the Fit for Bloomsday, Fit for Life Program. Your help with evaluation is greatly appreciated. We need your honest response to make this successful program even better.

### A. PARTICIPATION:

1. Number of students who (A) started this program: \_\_\_\_\_  
(B) completed the program: \_\_\_\_\_
2. Number of adults involved, coaches and/or parents: \_\_\_\_\_
3. Successful idea(s) you may have for bringing kids into the program and keeping them until program conclusion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### B. USE OF MANUAL:

1. Did you use the coaches' manual and black-line masters in your program?  
YES\_\_\_ NO\_\_\_
2. Additional training tips or other additions to the manual that could be included next year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C. INCENTIVES:

1. Please evaluate this year's coach/volunteer "Fit for Bloomsday" T-shirt. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Suggestions for future coach incentives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Did you use our preprinted certificates this year?  
YES\_\_\_ NO\_\_\_
4. Did you use the "toe tags"?  
YES\_\_\_ NO\_\_\_

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**D. POSTER DESIGN CONTEST:**

Did your students participate? YES \_\_\_ NO \_\_\_

Suggestions for next year's design contest? \_\_\_\_\_

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

**E. COACHES MEETING:**

Comments on meeting format, speaker, materials distribution, etc. and suggestions for next year's meeting. \_\_\_\_\_

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

**F. EVALUATE MOBIUS, GARLAND THEATER AND SPOKANE AQUATICS COUPONS AND OTHER INCENTIVES.** \_\_\_\_\_

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

**G. GENERAL COMMENTS OR SUGGESTIONS REGARDING THE "FIT FOR BLOOMSDAY, FIT FOR LIFE" PROGRAM.**

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

**SCHOOL:** \_\_\_\_\_ **COACH:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **COACH:** \_\_\_\_\_

**Note: Please return by May 14, 2018 via U.S. Mail to:**

Lilac Bloomsday Association  
1414 N. Belt  
Spokane, WA. 99201

**OR**

Fax (509) 838-2922