

2011-12 FALL PARENT SURVEY

(Please return to the Athletic Office by Friday, October 28)

1. What fall athletic team did your daughter/son participate with?

- Boys Golf
- Girls Golf
- Girls Tennis
- Boys Soccer
- Boys Cross Country
- Girls Cross Country
- Girls Volleyball
- Girls Swimming
- Football
- Cheerleading
- Poms

2. What level did your daughter/son participate with?

- Varsity
- Sophomore
- JV
- Freshmen

3. Your daughter/son's overall knowledge of the sport has increased?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comment:

4. Your daughter/son's overall skills of the sport have increased?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comment:

Cancel Copy **5. The coaches are committed to help in the growth and development of your daughter/son.**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comment:

6. How would you rank your daughter/son's overall experience of the fall season?

- 5 Outstanding
- 4 Above Average
- 3 Average
- 2 Below Average
- 1 Did Not Enjoy

Comment:

7. Additional comments:

8. Name and contact information (*OPTIONAL*):

