

## St Augustine Catholic Primary School

Sports Coaching Ltd are very grateful for your feedback, please be as honest as you can; we strive to deliver the best service possible and take on board all comments.

**COACH NAME (S):** HAL HALIL

(please tick as appropriate)

Views on Coach	Excellent	Good	Adequate	Poor
Preparation / Time- keeping	<input checked="" type="checkbox"/>			
Interaction with Children	<input checked="" type="checkbox"/>			
Quality of Lesson Delivery	<input checked="" type="checkbox"/>			
Behaviour Management	<input checked="" type="checkbox"/>			
Interaction with Staff	<input checked="" type="checkbox"/>			
Use of Lesson Plans	<input checked="" type="checkbox"/>			

**Management** - Please write your views on the contact you have had with the management team and the relationship you have built with them :

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**School View** - Please leave any extra feedback you may have regarding the service you have received and the coach(es) you have had within your school etc.

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**Continuation of service** - Please indicate below if you are planning to continue with our service in the 2015-2016 academic year and details of what you require :

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
			<input checked="" type="checkbox"/>						

Year Groups: One and two.

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**SPORTS COACHING LTD.**