



# INCIDENT REPORT FORM

Your Name: \_\_\_\_\_ Present Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident (i.e. school, city): \_\_\_\_\_

Sport: \_\_\_\_\_

Child's Name (if applicable): \_\_\_\_\_ Child's age (if applicable): \_\_\_\_\_

Coach's Name (if applicable): \_\_\_\_\_

Other individuals involved (if applicable): \_\_\_\_\_

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

## **DESCRIPTION OF INCIDENT:**

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

Note: Copies are to be sent with 72 hours of incident to

Cathedral School Athletic Director  
200 South 2<sup>nd</sup> Street, Belleville, IL 62220

and

Cathedral School Principal  
200 South 2<sup>nd</sup> Street, Belleville, IL 62220

Signature: \_\_\_\_\_



# PRACTICE EVALUATION FORM

Coach's Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Coach's teaching methods (rules, drills, explanation, and demonstration):

Very Good       Good       Adequate       Poor

Explanation/Specifics if desired: \_\_\_\_\_

\_\_\_\_\_

Coach's:

Treatment of Players:  Very Good       Good       Adequate       Poor

Treatment of Parents:  Very Good       Good       Adequate       Poor

Promptness:  Very Good       Good       Adequate       Poor

Attitude / Conduct:  Very Good       Good       Adequate       Poor

Preparedness:  Very Good       Good       Adequate       Poor

Explanation/Specifics if desired: \_\_\_\_\_

\_\_\_\_\_

Player's:

Treatment of Teammates:  Very Good       Good       Adequate       Poor

Treatment of Coach(s):  Very Good       Good       Adequate       Poor

Treatment of Parents:  Very Good       Good       Adequate       Poor

Explanation/Specifics if desired: \_\_\_\_\_

\_\_\_\_\_

How did the athletes relate to the coach(s):  Liked       Respected       Scared of

Explanation/Specifics if desired: \_\_\_\_\_

\_\_\_\_\_

Personal evaluation, suggestions, and discussion of practice experience:  Liked       Disliked

\_\_\_\_\_

\_\_\_\_\_

Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to the Athletic Director.

# **SPORTING EVENT EVALUATION FORM**

Sporting Event: \_\_\_\_\_

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

Coach's Name(s): \_\_\_\_\_

Score Us: \_\_\_\_\_ Them: \_\_\_\_\_

Coach(s):

Treatment of Players:     Very Good             Good             Adequate             Poor

Treatment of Officials:     Very Good             Good             Adequate             Poor

Treatment of Opponents:     Very Good             Good             Adequate             Poor

Explanation/Specifics if desired: \_\_\_\_\_

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

Players:

Attitude:                     Very Good             Good             Adequate             Poor

Treatment of Coach(s):     Very Good             Good             Adequate             Poor

Treatment of Officials:     Very Good             Good             Adequate             Poor

Treatment of Opponents:     Very Good             Good             Adequate             Poor

Explanation/Specifics if desired: \_\_\_\_\_

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

Our Fans:

Treatment of Coach(s):     Very Good             Good             Adequate             Poor

Treatment of Officials:     Very Good             Good             Adequate             Poor

Treatment of Players:     Very Good             Good             Adequate             Poor

Treatment of Opponents:     Very Good             Good             Adequate             Poor

Explanation/Specifics if desired: \_\_\_\_\_

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

Playing time for Cathedral Athletes:             Equal             Unequal             Very unequal

Observer's signature: \_\_\_\_\_

Please return completed form to the Athletic Director.