



COACHES
ASSOCIATION OF
SASKATCHEWAN

Aboriginal Coaches and Officials Program

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Participant Profile

PLEASE PRINT IN BLOCK LETTERS

Mr. Mrs. Ms.

Surname

Given Name

Initial

Permanent Mailing Address

City

Province

Postal Code

Home Telephone #

Email Address

Date of Birth MM/DD/YYYY

Male

Female

I am of Aboriginal Descent: Yes No

If yes; are you? Status Non Status Métis

Do you hold any current coach/ officials training? If so; please describe.

Course Evaluation Form



Which course did you take: _____ Name: _____

Introduction to Coaching Aboriginal Coaching Modules

Introduction to Competition Part A Introduction to Competition Part B

1. Are you currently coaching or are you new to coaching?

2. Are you currently coaching? If so, please specify the following;

Sports: _____

Gender of Athletes: _____

Age Group of Athletes: _____

3. What sports are you interested in coaching?

4. Please rate the following statements from 1-6 :

1- Strongly Agree

2- Agree

3- Somewhat Agree

4- Somewhat Disagree

5- Disagree

6- Strongly Disagree

- A) The course was informative: _____
B) I enjoyed the course content: _____
C) The course will help me to be a better coach: _____
D) I would recommend this course to other coaches: _____
E) The location for the course was good: _____
F) The course instructor was informative and enjoyable: _____

5. How did you find out about the course?

Website Word of Mouth Newsletter Poster

Other Please Specify _____

6. What coaching course would you like to take next:

Aboriginal Coaching Modules Intro to Competition: Part A

Sport- Specific Officials Training Introduction to Competition Part B