

MARQUETTE SENIOR HIGH SCHOOL

Athletic Department

Parent/Guardian Questionnaire

My child recently completed his/her season in:

Sport: _____

Gender: Boys _____; Girls _____

Level: Freshman _____; JV _____; Varsity _____

School Year: 20____ - 20____



***This survey is intended to gather feedback to improve the MSHS Athletic program. It is not intended to be an evaluation of any coach(es).**

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
A. SPORT					
1. Communication with parents was open & effective throughout the season	1	2	3	4	5
2. I believe my child felt like a valuable member of the team	1	2	3	4	5
3. Games/events were enjoyable for our family to attend	1	2	3	4	5
4. Overall, I was satisfied with my child's experience this season	1	2	3	4	5
5. Participation in this sport helped my child become a better person in terms of character & ethical qualities	1	2	3	4	5

B. COMMENT

1. Please list what you feel are the strengths of this program:

2. Please list recommendations for improvement in this program:

PLEASE FEEL FREE TO USE THE BACK OF THIS SHEET FOR ADDITIONAL COMMENTS

Name (Optional)

Please return form to the MSHS Athletic Department at:

Marquette Area Public Schools
Community Services Office
1201 West Fair Avenue
Marquette, MI 49855