

# MARQUETTE SENIOR HIGH SCHOOL

## Athletic Department

### Student-Athlete Questionnaire

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
<b>A. SPORT</b>					
1. Sportsmanship & respect toward officials, opponents, and others was expected of team members at all times and was modeled appropriately	1	2	3	4	5
2. Team rules & expectations were clearly stated and communicated	1	2	3	4	5
3. Consequences were firm, fair and consistent	1	2	3	4	5
4. Schedules & practices were well-developed & time was used efficiently	1	2	3	4	5
5. I felt like I could discuss any concerns with team captains and/or coaching staff	1	2	3	4	5
6. I felt like a valuable member of my team this season	1	2	3	4	5

#### B. COMMENT

1. Please list what you enjoyed most about participating in this program:

2. Please list the areas that you felt could have been more beneficial as a participant in this program:

3. My overall experience as a participant in this program this season was: Excellent \_\_\_\_; Good \_\_\_\_; Fair \_\_\_\_; Unfavorable \_\_\_\_

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

\_\_\_\_\_  
Name (Optional)

Please return this form to the MSHS Athletic Department at:

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