# LaGrange Field Club – Swim/Dive Team Survey

Age of participant (required): _____

Name of participant (optional): _____

Was this your child's first time on a team at the LFC?

Rate each statement on a scale of 1-4.
(**1**= strongly disagree, **2**= disagree, **3**= agree, **4**= strongly agree)

| | | | | |
|---|---|---|---|---|
| My child enjoyed being on the team: | 1 | 2 | 3 | 4 |
| My child's skills have improved: | 1 | 2 | 3 | 4 |
| The coaches were engaged in daily practices: | 1 | 2 | 3 | 4 |
| My child enjoyed working with his/her coach: | 1 | 2 | 3 | 4 |
| Communication was good between: | | | | |
| Coaches and team members | 1 | 2 | 3 | 4 |
| Coaches and parents | 1 | 2 | 3 | 4 |
| Committee and parents | 1 | 2 | 3 | 4 |
| Overall satisfaction of program: | 1 | 2 | 3 | 4 |

Comments: