



TCBA HEAD COACH REPORTING FORM

Please provide as much information as is practical for feedback to the Director of Development

Trials / Team Selections

Poor				Excellent
1	2	3	4	

Comments: _____

Team Preparation / Training / Gym Space

Poor				Excellent
1	2	3	4	

Comments: _____

Communication & Assistance
Director of Development

Poor				Excellent
1	2	3	4	

Comments: _____

Feedback on Assistant Coach

Poor				Excellent
1	2	3	4	

Comments: _____

Feedback on Team Manager

Poor				Excellent
1	2	3	4	

Comments: _____

Any other feedback that may be relevant for Tauranga City Basketball:



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Player #	Player Name	Offensive Skill	Defensive Skill	Performance	Attitude	Notes
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

*Please return this completed form to Director of Development TWO weeks of the completion of your final tournament for the season.
Your ongoing support and assistance is key to TCBA fielding and continuing to strive to improve our Representative Programme.*
