



## VISITING COACH SURVEY



Thank you for taking the time to participate in the Coach Mentoring Program Evaluation. Your comments will enable us to better plan and execute further mentoring opportunities within our LSC and to tailor them to our specific LSC needs.

How did you learn about the LSC Mentoring Program?

- LSC website
- Your Head Coach
- From another coach
- LSC Email
- USA Swimming
- Other \_\_\_\_\_

What was your main reason for taking part in the LSC Program?

- Personal Growth and Development
- Seeking resolution for a specific team/swimmer need
- Other \_\_\_\_\_

Was the choice of mentors and their areas of expertise?

- Excellent
- Good
- Fair
- Poor

If fair or poor, please recommend other areas you would like to see considered for mentoring possibilities:

Did your visit fulfill your reason for participating in the program?

- Yes – absolutely
- Yes – but not to my full extent
- No

What was the most beneficial aspect of your visit?

---

---

---

---

Would you recommend your mentor to other coaches?

- Yes
- Maybe
- No

If your response was *No* or *Maybe* please explain:

---

---

Was your mentor on time and prepared for your visit?

- Yes
- Not Sure
- No

Would you consider taking part in the program again with additional mentors?

- Yes
- Maybe
- No

If your response was *No* or *Maybe* please explain:

---

---

Please indicate your overall satisfaction with this program

Registration Process

- Satisfied
- Neutral
- Dissatisfied

Interaction with Mentor During Visit

- Satisfied
- Neutral
- Dissatisfied

Reimbursement Policy

- Satisfied
- Neutral
- Dissatisfied

**This form can be completed on the computer. First save the form, then fill in the requested information and save it again. If using a Mac, select 'Print' and then 'Save as pdf'.**

**Application is to be returned to the LSC Development Coordinator at [clubdevcoord@virginiaswimming.org](mailto:clubdevcoord@virginiaswimming.org).**