



CATASAUQUA HIGH SCHOOL ATHLETIC DEPARTMENT

POST-SEASON COMMENT FORM

The Catasauqua Area School District and CHS Athletic Department would like to provide student-athletes with the highest quality athletic programs possible. To help us improve existing our athletic programs we are asking for your comments. Please answer the questions listed and return the form to the address listed below:

Catasauqua High School
Attention: Athletic Department
2500 West Bullshead Road
Northampton, PA 18067

STUDENT'S NAME: _____

SPORT: _____ **YEAR:** _____

STUDENT SECTION

1. Did you enjoy participating in this sport?

2. Has your talent, techniques and abilities improved during this past season?

3. Do you plan to participate in this sport next season?

4. If the answer to number 3 was no, please explain why and what, in your opinion, should be done to improve the sport.

PARENT/GUARDIAN SECTION

1. Was this sport a positive experience for your son/daughter?

2. What do you consider to be the strongest points or aspects of this sport?

3. In your opinion, what aspect of this sport needs to be improved and why?

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Forms must have both sections completed and signed in order to be considered. The information will only be used by the Catasauqua High School Athletic Department.

