



Parent / Player Feedback Form – 2016 Season Feedback:

Part 1 - Player / Parent Feedback:

Players Name:			
Parents / Carers Name:			
2016 Team Name:			
2016 Division:			
What is your reason for Playing Netball?	<input type="checkbox"/>	Fun / Social	<u>Other Comments:</u>
	<input type="checkbox"/>	Play Rep	
	<input type="checkbox"/>	Play Team Sport	
	<input type="checkbox"/>	Keep Fit	
	<input type="checkbox"/>	Love the Game	
	<input type="checkbox"/>	Other (Specify)	
What are your expectations / hopes for the 2017 season?	<input type="checkbox"/>	To Improve Skills	<u>Other Comments / Requirements:</u>
	<input type="checkbox"/>	Move to a higher Division	
	<input type="checkbox"/>	Stay with current team	
	<input type="checkbox"/>	Play with friends	
	<input type="checkbox"/>	Play Rep	
	<input type="checkbox"/>	Other (Specify)	
Preferred Playing Position:			

Part 2 - Graders Assessment (Club Use Only):

Recommended Field Position (type of player)	Defender	<input type="checkbox"/>	Midfield	<input type="checkbox"/>	Attacker	<input type="checkbox"/>
General Comments:						
Grading Recommendation:	Up in Division	<input type="checkbox"/>	Stay at current Division level	<input type="checkbox"/>	Go down a Division	<input type="checkbox"/>
Grading Comments:						
Development Recommendations: (Mandatory for – Go down a Division)						