

Student-Athlete Demographics

1. Name of Sport

2. Academic year in school

Freshman Sophomore Junior Senior Other

Other (please specify)

3. Year of eligibility

1st 2nd 3rd 4th

4. Cummulative GPA

5. Did the current coach recruit you?

Yes

No

6. Are you receiving Athletic related aid?

Yes

No

7. Please indicate the percentage of competitions in which you played in this past season

100-80%

79-60%

59-40%

39-20%

19-0%

8. Check if you understand that the purpose of your feedback is to aid the Director of Athletics in evaluating your program. The Director of Athletics will analyze and summarize the findings. The summary, if requested, will be shared with one representative from your particular sport to make sure the summary is accurate. The summary will then be used as one part of the total evaluation of this program by the Director of Athletics.

I understand

9. Check if you understand that the feedback you provide will in no way influence your personal treatment by the coach. This feedback will remain anonymous and will not be published. It becomes part of an evaluation process of a program by the Director of Athletics.

I understand

Head Coach

Please respond to the following statements utilizing a response from the choices below which most nearly represents your feelings or opinions.

SA -Strongly Agree

A- Agree

D- Disagree

SD- Strongly Disagree

NA- Not Applicable

10. Does your head coach:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Emphasize Core Components?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a mission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote Service and Community Engagement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create a spirit of teamwork amongst the other programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage excellence academically?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage excellence athletically?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. The coach defined specific goals and objectives of our team

SA A D SD NA

12. The coach demonstrated the ability to motivate the team

SA A D SD NA

13. The coach applied and enforced the team's rules

SA A D SD NA

14. The coach demonstrated a high level of honesty and fairness

SA A D SD NA

15. The coach maintained self-control and professional demeanor during practices and games.

SA A D SD NA

16. The coach was available to players to discuss concerns and problems.

SA A D SD NA

17. My coach creates an atmosphere in which I feel free to express and explain my views.

SA A D SD NA

18. The coach demonstrated knowledge and provided advice on academics and academic resources

SA A D SD NA

19. The coach consistently emphasized the importance of good academic performance and is concerned with the progress that I am making towards graduation

SA A D SD NA

20. I feel a sense of respect for the coach

SA A D SD NA

Comments

21. My teammates feel a sense of respect for the coach

SA A D SD NA

Comments

Assistant Coaches

If your team does not have an assistant coach(es) and/or graduate assistant on staff, please skip to the next section, Athletic Administrators. If your team does have an assistant coach(es) and/or graduate assistant answer the following questions by choosing the appropriate response.

SA-Strongly Agree

A- Agree

D- Disagree

SD- Strongly Disagree

NA-Not Applicable

22. If you had an assistant coach, did that person:

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Did not have an assistant coach
Support the head coach's mission, visions, and goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide value that enhanced the program overall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide a strong role model?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support the Core Components?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. The assistant coach(es) was an integral part of the success of our team

SA A D SD NA

24. The assistant coach(es) supported the specific goals and objectives of the program

SA A D SD NA

25. The assistant coach (es) communicated well with the student-athletes

SA A D SD NA

26. The head coach and assistant coach(es) demonstrate a positive working relationship

SA A D SD NA

27. I feel a sense of respect for the assistant coach(es)

SA A D SD NA

Comments

28. My teammates feel a sense of respect for the assistant coach(es)

SA A D SD NA

Comments

29. I feel a sense of respect FROM my assistant coach(es).

SA
 A
 D
 SD
 N/A

Athletic Administrators/Athletic Trainers

30. The athletic administration made an effort to meet the team and/or attend our competitions

SA A D SD NA

31. Athletic administrators were accessible to answer questions or discuss problems

SA A D SD NA

32. The athletic training staff has overall concern, support, sincerity and rapport with athletes

SA A D SD NA

33. The athletic training staff were professional and sensitive to my needs and concerns

SA A D SD NA

General

34. Practices were scheduled providing one day off a week

SA A D SD NA

35. Travel arrangements and itinerary were organized and communicated to team in a timely manner which allowed for notification of professors and completion of coursework.

SA A D SD NA

36. I enjoyed participating on my Drury athletic team

SA A D SD

Comments:(please specify)

37. The anti-hazing information received by my team was beneficial.

SA A D SD NA

Comment:(please specify)

38. The coaching staff of my team reinforced and supported Drury University's anti-hazing policies.

SA A D SD

Comments: (please specify)

39. The sexual assault and Green Dot bystander training received by my team was beneficial.

SA A D SD NA

Comments: (please specify)

40. The coaching staff of my team reinforced and supported Drury University's Title IX and Sexual Assault policies.

SA A D SD

Comments: (please specify)

41. I have witnessed hazing while a Drury student-athlete.

SA A D SD NA

Comments: (please specify)

42. I have been hazed while a Drury student-athlete.

SA A D SD NA

Comments: (please specify)

43. I have reported an incident of hazing.

- Yes
 No
 Other (please specify)

44. If you reported a hazing incident, where did you report it? Please list the people/places you informed about a hazing incident you were made aware of:

- N/A
 Other (please specify)

45. If you reported a hazing incident, was the issue handled in a way that made you feel as if the issue had been properly addressed?

- Yes
- No
- N/A
- Other (please specify)

46. Regardless of whether you have reported or witnessed hazing at Drury, do you feel as though the training you received about hazing made you comfortable in your ability to spot and address a hazing incident?

- Yes
- No
- N/A

47. Who would you feel most comfortable talking with about an incident of hazing?

- My head coach
- My assistant coach
- A captain on my team
- My teammates
- A professor
- Administrator
- Other (please specify)

48. I feel comfortable approaching my coach(es) if I have an issue.

- SA
- A
- D
- SD
- N/A

49. I feel comfortable approaching my captain(s) if I have an issue.

- SA
- A
- D
- SD
- N/A

50. How much power does the captain(s) have over other members of the team?

No power	.	Some power	.	Lots of power
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. The level of commitment demonstrated by the coaching staff adhered to the rules and regulations of the NCAA

SA A D SD NA

52. Please indicate your level of agreement with the following:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
If other people don't seem to accept me, I don't let it bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try hard not to do things that will make other people avoid or reject me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need to feel that there are people I can turn to in times of need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want other people to accept me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not like being alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being apart from my friends for long periods of time does not bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a strong need to belong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It bothers me a great deal when I am not included in other people's plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My feelings are easily hurt when I feel that others do not accept me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I seldom worry about whether other people care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>