APPENDIX B

EVALUATION FORM FOR ATHLETIC COACHES and ACTIVITY LEADERS

Coach/Leader_____ Conference Date _____

Sport/Activity_____ School _____

CATEGORIES	Excellent	Satisfactory	Needs Improvement	Unsatisfactory
Professional Preparation and Participation				
Safety and medical aspects (if applicable)				
Planning and Organization				
Instruction and Supervision				
Program Management and Accountability				
Personal Skills And Conduct				
Program Promotion and Publicity				

Evaluator's Comments:

_____

_____

Overall Rating: Excellent _____
Satisfactory _____
Needs Improvement _____
Unsatisfactory _____

Recommendation:
Renew _____
Renew with conditions* _____
Do not renew* _____
*Reasons must be attached in writing
and must comply with Section 16 & 17.

_____
Evaluator's Signature

Coach's Comments:

_____

_____

_____
Coach's Signature

Intent to return for next school year: YES _____ NO_____