

EVALUATION FORM FOR ASSISTANT COACHES

Coach/Leader _____

Conference Date _____

Sport/Activity _____

School _____

CATEGORY	Excellent	Satisfactory	Needs Improvement	Unsatisfactory
Professional Preparation				
Planning and Organization				
Adherence to School and District Policies				
Monitoring Paperwork and Eligibility				
Supervision of Students				
Safety and Medical Oversight				
Promoting Learning & Skill Development				
Personal Skills and Conduct				
Communication				
Support of Overall Program				

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 Sections 17 & 18.

Building Athletic Director

Building Administrator

Coach's Comments:

Intent to return for next school year: YES _____ NO _____

Coach's Signature