

EVALUATION FORM FOR HEAD COACHES and ACTIVITY LEADERS

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				
Program Management and Accountability				
Supervision of Students				
Safety and Medical Oversight				
Promoting Learning & Skill Development				
Personal Skills and Conduct				
Communication				
Program Promotion and Publicity				

Evaluator's Comments:

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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:

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Intent to return for next school year: YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
 Coach's Signature