



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:

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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 16 & 17.

\_\_\_\_\_  
Building Athletic Director

\_\_\_\_\_  
Building Administrator

Coach's Comments:

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

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