

APPENDIX I - INTERSCHOLASTIC ATHLETIC COACH EVALUATION FORM

COACH: _____ DATE: _____

SUPERVISOR: _____ Frank Bielski _____ SPORT: _____

RATINGS: S - Satisfactory U - Unsatisfactory N/O - Not Observed

A "U" will be supported by evidence provided by the athletic director and/or the building principal. Positive, reasonable suggestions will be provided to the coach to improve his/her performance.

The following items will be evaluated throughout the year.

SKILLS:

| | | | | |
|----|---------------------------------|---|---|-----|
| 1. | Knowledge of fundamentals | S | U | N/O |
| 2. | Teaching of fundamentals | S | U | N/O |
| 3. | Conditioning | S | U | N/O |
| 4. | Game preparation | S | U | N/O |
| 5. | Prevention and care of injuries | S | U | N/O |
| 6. | Public relations | S | U | N/O |

PERFORMANCE:

| | | | | |
|----|--|---|---|-----|
| 1. | Execution of the team on the field, floor or court | S | U | N/O |
| 2. | Attitude of the team | S | U | N/O |
| 3. | Conduct during game | S | U | N/O |

RELATIONSHIPS:

| | | | | |
|----|------------------------------|---|---|-----|
| 1. | Enthusiasm | | | |
| | a. for working with students | S | U | N/O |
| | b. for the sport | S | U | N/O |
| 2. | Discipline | | | |
| | a. for working with students | S | U | N/O |
| | b. for the sport | S | U | N/O |
| 3. | Communications with players | | | |
| | a. individual | S | U | N/O |
| | b. as a team | S | U | N/O |
| 4. | Communication with parents | S | U | N/O |

ADMINISTRATION:

| | | | | |
|----|---|---|---|-----|
| 1. | Care of equipment (issue, inventory, cleaning, collecting, etc) | S | U | N/O |
| 2. | Organization of staff | S | U | N/O |
| 3. | Organization of practices | S | U | N/O |
| 4. | Communication with other coaches | S | U | N/O |
| 5. | Adherence to district athletic and school philosophies, Policies, regulations and Codes of Conduct | S | U | N/O |
| 6. | Public relations | S | U | N/O |

SELF-IMPROVEMENT:

| | | | | |
|----|--|---|---|-----|
| 1. | Attends in-district meetings and clinics | S | U | N/O |
| 2. | Attends out-of-district clinics | S | U | N/O |

MANDATORY COMMENTS FOR THE BENEFIT OF THE INDIVIDUAL UNDER SUPERVISION:

RECOMMENDATION FOR ANNUAL REAPPOINTMENT ☐ Yes ☐ No**COACH'S COMMENTS:**

COACH'S SIGNATURE

Date: _____

ATHLETIC DIRECTOR'S SIGNATURE

Date: _____

BUILDING PRINCIPAL'S SIGNATURE

Date: _____

The coach's signature which appears on this form simply signifies that the coach has seen the form and is aware of the contents. It does not indicate approval or disapproval of the evaluation. A coach may add a statement to the evaluation if he/she wishes.