## SUFFIELD SCHOOL DISTRICT COACHES EVALUATION FORM

NAME: _			Date:				
SPORT: _							
LEVEL: (	circle one)	Varsity	J.V.	Freshman	Assista	nt	Middle School
	A -	Coaching respon Acceptable per Improvement ne	formance	ted are rated on the U - Unacceptab X - No basis for	le performa		
I. COACH	ING PERFO	<u>RMANCE</u>				<u>Self</u>	<u>A.D.</u>
<ol> <li>Plans for al</li> <li>Prepares for</li> <li>Provides at</li> <li>Provides at</li> <li>Properly ca</li> <li>Communic</li> <li>Is understa</li> <li>Encourages</li> <li>Creates pot</li> <li>Is punctua</li> <li>Demonstration</li> <li>Attempts to profession</li> <li>Effectively</li> <li>Promotes p</li> <li>Adheres to p</li> </ol>	or daily practices a ety of coaching to a environment that ares for injuries we ates with athletes inding and sensitives intusiasm and solutive interperson attes self-control a	rogram (conditions so that maximum echniques for independent at attempts to pre- hen they occur in a positive co- ve in dealing with dedication in the al relationships ending team pre- nd poise in all a a coach by atter- ctivities eam roles to pla- by athletes invo- es, rules and regi-	oning, NCA n instruction dividual and event injurie nstructive n th the playee e players with the pla actices, mee reas relating nding clinic yers plved in the	A, recommendation h is presented l group instruction es hanner r's hyers etings and contests g to coaching respon s, workshops, and o	ns etc. nsibilities ther	aluation         1.         2.         3.         4.         5.         6.         7.         8.         9.         10.         11.         12.         13.         14.         15.         16.         17.	
II. TEAM	MANAGEM	ENT AND SI	UPERVIS	SION			
<ol> <li>Chooses pe</li> <li>Has full cor athletic disc</li> <li>Informs ath discipline th are consiste</li> <li>Provides su This include</li> </ol>	rsonnel in an obje trol of the team i cipline letes/parents of al nat have been esta nt with athletic p pervision at each es supervision of	ective and consist n all matters per ll rules and regu- ablished for the to licy practice session the locker and si	stent manne taining to c lations perta team, being and at all c hower room	r oaching and a aining to	d buses	1 2 3 4	·
and uniform	18					5	
<ol> <li>Submits all</li> <li>Works coop</li> <li>Assists with</li> <li>Understand Suffield Att</li> <li>Keeps the E the sport ac</li> </ol>	beratively with the budget preparation s and complies we hletic Coaches, Su Director of Athletic tivity	vork, information e Director of Atlon on ith all rules and uffield Student-2 ics and/or Head	hletics and/o regulations Athlete and Coach infor		ents within	1 2 3 4 5	
<ol> <li>Conducts hi school staff</li> <li>Adheres to Association</li> </ol>	, parents, commu the ethical guidel	n a professional nity and media o ines established	manner to organization by the Cont	all members of the h is necticut High Schoo / First Aid & CPR	high ol Coaches	6 7 8 9	

**IV.** Identify a minimum of three coaching accomplishments that were made during the past season.

**V.** List a minimum of three personal goals for coaching improvement to be pursued next season.

Signature of the Evaluated Coach

The signature of the coach does not necessarily mean agreement with the evaluation, only that the coach has read and understands the evaluation. The coach has the right to attach a statement to this form expressing his/her opinion. The coach will receive a copy of the evaluation.

Signature of the Head Coach (for Assistant Coach Evaluations)

The signature of the head coach does not supersede the authority of the Athletic Director who makes the final recommendation for employment.

Comments/Recommendations of the Director of Athletics\_\_\_\_

Signature of the Director of Athletics

**Employment recommendation** 

- \_Recommend for continued employment. •
- \_\_\_\_\_Recommend for continued employment with the understanding of areas to be improved. •
- \_Not recommended for continued employment. •

cc- personnel file

cc- athletic coach

Date

Date

Date