

# HEAD COACH EVALUATION FORM

**Coach:**

**Sport:**

**Date:**

**S      NI      U**

- |     |   |                          |                          |                          |
|-----|---|--------------------------|--------------------------|--------------------------|
| 1.  | Takes responsibility of being the Head Coach seriously. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | Technical knowledge of sport.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | Adheres to all SASD policies.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | Discipline and supervision of players.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | Rapport with athletes and assistant coaches.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | Ability to motivate athletes.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | Ability to work with Athletic Director.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | Initiative and ability to teach/help assistants.        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | Care of equipment, supplies and school facilities.      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Interaction and communication with parents.             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Ability to work with other coach/activity advisors.     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Overall evaluation                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Recommended to continue in position for next school year.  Yes       No

Willing to continue in the position for the \_\_\_\_\_ school year  Yes       No

Comments:

\_\_\_\_\_  
Head Coach/Director      Date

\_\_\_\_\_  
Athletic Director (If coach)      Date      \_\_\_\_\_  
Principal      Date

Signature of coach indicates that rating was reviewed. It does not necessarily signify agreement with rating