Bloom Township Athletics

Assistant Coach Evaluation Form

Name Season

Sport: Evaluation Date:

RATINGS DEFINITIONS:
E = Effective (To be recommended for contract renewal.)
N = Needs Improvement (To be recommended for contract renewal provided an understanding can be reached in areas where improvement is suggested.)
U = Unsatisfactory (To be recommended for termination of contract.)

PROFESSIONALISM	**RATING**
1. Attendance and punctuality	_____
2. Appearance, language and morals	_____
3. Assists enforcement of team policies	_____
4. Assists the promotion of team morale	_____
5. Sportsmanship Conduct	_____
6. Maintains poise & anger control	_____
7. Avoids partiality or favoritism	_____
8. Displays educational concern for athletes	_____
9. Adheres to School District policies in the Coaching Manual	_____

ADMINISTRATIVE RESPONSIBILITIES

1. Locker Room Supervision _____
2. Transportation Supervision _____
3. General Tasks (Equip, media, clerical, etc.) _____

INJURIES

1. CPR Certified _____
2. Appropriate response to injuries _____
3. Cooperation with trainer _____

RELATIONSHIPS RATING

1. Loyalty to the head coach _____
2. Works well with other assistant coaches _____
3. Relationship with athletes _____
4. Relationship with parents _____

5. Cooperation with coaches of other sports _____
6. Subordination with school officials _____

TECHNICAL CONTENT

1. Technical knowledge of the sport _____
2. Active instructional assistance _____
3. Uniformity of technical content as taught by head coach _____

Comments of Head Coach:

_____
_____
_____
_____

Comments of Athletic Director:

_____
_____
_____
_____

Performance in this coaching assignment (please circle one category):
Any unsatisfactory rating requires additional comments.

SATISFACTORY	*To be recommended for continued coaching.*
PROBATIONARY	*To be recommended for continued coaching provided areas needing improvement are addressed.*
UNSATISFACTORY	*Not to be recommended for continued.*

_____ _____
Assistant Coach's Signature Date

_____ _____
Head Coach's Signature Date

_____ _____
Athletic Director's Signature Date

Note: Coach's signature indicates rating was reviewed. It does not necessarily signify agreement with rating.