



Here is a form for evaluating your coaches.

**SUBVARSITY/ASSISTANT COACH EVALUATION (By Head Coach)**

Coach Name \_\_\_\_\_

Sport \_\_\_\_\_ Level \_\_\_\_\_

Acceptable Suggested Recommendation: please answer with a yes or no on the line

1. Loyalty to head coach \_\_\_\_\_
2. Care of equipment (issuing, collection, storage, and inventory) \_\_\_\_\_
3. Knowledge of sport \_\_\_\_\_
4. Teaching ability \_\_\_\_\_
5. Ability to work with athletes (motivates, communicate, discipline) \_\_\_\_\_
6. Intensity of interest in coaching \_\_\_\_\_
7. Supervision of players and locker room \_\_\_\_\_
8. Rapport with other coaches \_\_\_\_\_
9. Willingness to assume extra duties \_\_\_\_\_
10. Professional advancement \_\_\_\_\_
11. General knowledge of first aid and safety \_\_\_\_\_
12. Passed Concussion training \_\_\_\_\_

**RECOMMENDATION:**

\_\_\_\_\_ Above average - to be recommended for continued assignment

\_\_\_\_\_ Average - Doing ok but some things need attention

\_\_\_\_\_ Below Average - Needs serious work in a number of areas.

Athletic Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Head Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

Assistant Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_