



**EVALUATION OF EFFECTIVE High School COACHING**

**Code: O – Outstanding**  
**S – Satisfactory**  
**NI – Needs Improvement**  
**US – Unsatisfactory**  
**NA – Non applicable**

*Items of concern should have specific comments noted.*

Coach \_\_\_\_\_

School \_\_\_\_\_

Sport Assigned \_\_\_\_\_

Assessor/Designee \_\_\_\_\_

Principal \_\_\_\_\_

Date \_\_\_\_\_

**Each coach is to be assessed only on criteria applicable to his / her Sport Assignment**

A. Administration	O	S	NI	US	NA
1. Knowledge of LHSAA and CPSB guidelines and policies					
2. Adherence to LHSAA policies that include but are not limited to recruiting, legal proof of birth, current grades, annual physical forms, and CPSB policies such as Waivers, Athletic Participation Form, Emergency Plan, Non-Faculty Coaching documentation, etc.					
3. Care of equipment (issue, inventory, cleaning, etc.)					
4. Organization/assignment of coaching staff					
5. Organization of athletic practices					
6. Communication and cooperation with other coaches and officials					
7. Communication and cooperation with athletes and parents					
8. Communicates effectively with school personnel, booster club, and other community supporters					

Comments: \_\_\_\_\_  
 \_\_\_\_\_

B. Skills	O	S	NI	US	NA
1. Knowledge and presentation of fundamentals					
2. Conditioning					
3. Game preparation					
4. Prevention and care of injuries (Written and verbal follow-up with parents and athletic office, etc.)					

Comments: \_\_\_\_\_  
 \_\_\_\_\_

