



ANDERSON UNION HIGH SCHOOL DISTRICT COACHING PERFORMANCE EVALUATION

Employee: _____ School Year: _____

School: _____ # of Years: _____

Sport: _____ Head Coach: Asst. Coach:

Rating: (NI and/or U requires justification) **M** = Meets or exceeds criteria **U** = Unsatisfactory
NI = Needs improvement **NA** = Not applicable/not observed

	Rating	Comments
Communication: develops rapport with athletes, coaching staff, parents, teachers and administrators		
Commands respect by example in appearance, behavior, language, and conduct during practice and games		
Upholds athletic department policies, rules, and regulations and adheres to stated procedures and chain of command (including acceptance of duties assigned by the head of the program)		
Is open and receptive to constructive criticism		
Exercises self-control and poise		
Thorough knowledge of the sport, uses athletic setting as a teaching tool, promotes the concepts and values of citizenship/sportsmanship, and displays interest and intensity for the sport		
Is organized (practice, game, supervision)		
Has performed the duties contained within the job description		
Meets deadlines (inventory, eligibility, rosters, medical cards, program information, etc.)		
Discipline and control of athletes at games and practice sessions (is firm, fair and follows due process in dealing with discipline)		



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COMMENTS

Areas of strength:

Areas needing improvement:

Recommendations:

SIGNATURES

Athletic/Activities Administrator

Signature

Title

Date:

Coach

Signature does not indicate agreement. Reaction or written response may be attached to this evaluation within ten (10) days.

Signature

Date:



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ATHLETIC SEASON CHECK-OUT RECORD HEAD COACH/ASSISTANT COACH

SPORT: _____ HEAD COACH ASST COACH

Coach: Prior to receiving your season stipend, please meet with the Athletic Administrator or Activities Administrator (if applicable) for the mandatory coaching performance evaluation. Then, check with other staff that will assist you through the remaining check-out procedure and clear you of any further responsibility.

ATHLETIC OFFICE

Coaching Performance Evaluation
Budget Requests
Inventory
Repair Requests
Lost Equipment
First Aid Kits turned in
Accident Travel Cards turned in

Initial
Athletic Director: _____
Athletic Director: _____
Athletic Director: _____
Athletic Director: _____
Athletic Director: _____
Athletic Director: _____
Athletic Director: _____

ACTIVITIES OFFICE (if applicable)

Cheer Coach Performance Evaluation
Drill Team Coach Performance Evaluation

Initial
Assistant Principal: _____
Assistant Principal: _____

STUDENT ACCOUNTS OFFICE

Bills Issued to Athletes

Initial
ASB Accounts: _____

COUNSELING OFFICE

Grades Issued to Athletes

Initial
Registrar: _____

PRINCIPAL'S OFFICE

Review of Check-Out Record
Stipend Issued – Date

Initial
Principal: _____
Principal's Exec. Asst.: _____

RETURN ORIGINAL TO ATHLETIC ADMINISTRATOR