North Kitsap School District

ASSISTANT COACH EVALUATION

NAME: ______________________ DATE: ________________
SCHOOL: ___________________ SPORT: ________________

This form is designed to assist in formulating and recording an accurate appraisal of the individual’s effort toward fulfilling the requirements related to his/her coaching assignment. The evaluation should be based on the following rating system:

S Satisfactory  N.I. Needs Improvement  N.A. Not Applicable
N.O. Not Observed  U Unsatisfactory

Professional Relationships:

1. Complies with school and district policies.
2. Cooperates with school administration.
3. Cooperates with Athletic Training staff.
4. Cooperates with school staff.
5. Maintains rapport with coaching staff.
6. Attends professional and inservice meetings and clinics.
7. Maintains good public relations with news media, parents and community.
8. Is involved with local, league and state coaches’ organization.

Coaching Performance:

1. Assist head coach in carrying out his responsibilities.
2. Has good knowledge of the sport and skills involved.
3. Commits to goals developed by head coach.
4. Assists head coach with athletic paperwork, equipment issue and inventory.
5. Maintains good rapport with players.
6. Develops a professional, supportive relationship with the head coach.
7. Contributes to establishment of program goals and objectives.
8. Accepts and completes assigned tasks at direction of head coach.
9. Displays good sportsmanship and mature behavior.

☐ Recommended for rehire next year  ☐ Not recommended for rehire next year
(Subject to Athletic Program Needs – Article IV, Section 2 – 2.1, NKAAA Contract)

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Head Coach: ______________________ Date: ________________
Assistant Coach: ______________________ Date: ________________
Athletic Director ______________________ Date: ________________
Principal: ______________________ Date: ________________