

## **STATEMENT ON EVALUATION OF COACHES**

There is much more to coaching on the interscholastic level than winning. A successful coach needs a broad spectrum of competencies that are, in most situations, not taken into account whenever he/she is evaluated. "Not everyone fits the model of the successful coach and the successful coach is not always the one who wins the game."

There is much to be understood if one is to be a capable coach. Coaches need to understand growth and development patterns, strength development, stress factors, fatigue levels, psychological readiness, maturation rates, learning curves, modern training techniques and proper sequential development of various skills. This list should be much longer, but the important factor to remember is that it takes knowledge and command of many competencies to be a coach.

Without goals and objectives in the program and competencies desired in personnel identified, it is impossible to assess whether goals are being met, or personnel possess the desired competencies.

### **Head and Assistant Advisor/Coach/Director Evaluation**

#### **Steps in Head Advisor/Coach/Director Evaluation Process:**

1. Head Advisor/Coach/Director sets an appointment with the Athletic Director prior to the beginning of the season for that activity.
2. Head Advisor/Coach/Director completes the pre-evaluation form and self-evaluation and submits to Athletic Director prior to the pre-conference.
3. Athletic Director & Principal and Head Advisor/Coach/Director complete Head Advisor/Coach/Director Evaluation Worksheet to be used as discussion during final conference.
4. Athletic Director & Principal completes Head Advisor/Coach/Director Summative Evaluation.
5. All parties sign the completed Summative Evaluation.
6. Copies of the Completed Evaluation will be sent to the Superintendent, Principal, Athletic Director, and Head Advisor/Coach/Director and to his/her Personnel File.

#### **Steps in Assistant Advisor/Coach/Director Evaluation Process:**

1. All Head Advisor/Coach/Directors will formally evaluate their assistants. The self-evaluation form may be used as a part of the pre-conference.
2. Following these evaluations, the Head Advisor/Coach/Director will meet with the Athletic Director.
3. All parties will sign the completed evaluation form.
4. Copies of the Completed Evaluation will be sent to Principal, Athletic Director, and Head Advisor/Coach/Director and to his/her Personnel File.

### **Staff Movement To New Level or Between Schools**

If an assistant or head advisor/coach/director moves to a new level of position or to a different building, the Advisor/Coach/Director will be evaluated the first year in the position, and then be placed on the first level of that evaluation schedule.

## Sioux Valley District 5-5 Assistant-JH Advisor/Coach/Director Evaluation

Activity: \_\_\_\_\_ Assistant Activity Leader: \_\_\_\_\_ Head Activity Leader: \_\_\_\_\_

Date: \_\_\_\_\_ Years in Present Position: \_\_\_\_\_ School: \_\_\_\_\_

	<u>Excellent</u>	<u>Good</u>	<u>Satisfactory</u>	<u>Needs to Improve</u>	<u>NA</u>
1. Demonstrates commitment to district, school, students and parents/guardian.	_____	_____	_____	_____	_____
2. Care of equipment & inventory	_____	_____	_____	_____	_____
3. Knowledge of activity	_____	_____	_____	_____	_____
4. Teaching skills & ability	_____	_____	_____	_____	_____
5. Ability to motivate participants.	_____	_____	_____	_____	_____
6. Rapport between advisor/coach/director and participants.	_____	_____	_____	_____	_____
7. Intensity of interest in leading the activity.	_____	_____	_____	_____	_____
8. Supervision of participants in activity areas.	_____	_____	_____	_____	_____
9. Supervision of participants on trips.	_____	_____	_____	_____	_____
10. Rapport between advisor/coach/director and rest of activity staff.	_____	_____	_____	_____	_____
11. Sets positive example for student by appearance, manners, behavior and language.	_____	_____	_____	_____	_____
12. Attends required meetings.	_____	_____	_____	_____	_____
13. Participates in clinics, workshops, etc. for professional development.	_____	_____	_____	_____	_____

Athletic Director comments:

Head Advisor/Coach/Director comments:

I have read and received a copy of this report and have went over the evaluation. The signature does NOT validate that I agree or disagree with the contents.

\_\_\_\_\_  
Assistant Advisor/Coach/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head Advisor/Coach/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

# Sioux Valley School District 5-5 Self-Evaluation

Name: \_\_\_\_\_

School: \_\_\_\_\_

Assignment: \_\_\_\_\_

Date self-evaluation is to be returned: \_\_\_\_\_

Conference for review held on: \_\_\_\_\_

The purpose of an evaluation process shall be for improvement. Completion of this instrument will provide an opportunity to reinforce your effectiveness and recognize possibilities for self-improvement. This form is used only for pre-conference.

Directions: Please complete this self-evaluation and then review it with your evaluator.

1. Check at least six strengths which you recognize in yourself. Consider the following and other individual qualities in making this assessment:

- |  |   |
|--|---|
| _____ Adherence to rules and policies  | _____ Organization and use of staff                               |
| _____ Assessment of performances       | _____ Pre-event and post-event details                            |
| _____ Character and personal habits    | _____ Punctuality   |
| _____ Communication                    | _____ Rapport with all involved                                   |
| _____ Concern for appearance           | _____ Readiness of participants                                   |
| _____ Conditioning program             | _____ Self-discipline   |
| _____ Discipline                       | _____ Professional Development                                    |
| _____ Emphasis of values in activities | _____ Support of school's and district's educational philosophies |
| _____ Enthusiasm                       | _____ Knowledge of activity                                       |
| _____ Equipment management             | _____ Willingness to make sacrifices                              |
| _____ Maintenance of records           | _____ Motivation of participants                                  |
| _____ Meeting individual needs         |   |

2. What are the areas you feel you can improve?

3. How can we help you address those areas of need?

**Sioux Valley School District 5-5  
Head Advisor/Coach/Director Pre-Evaluation Form**

**Directions:** Please complete this form prior to **pre-evaluation** conference. This form is used only for pre-conference.

Name: \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_ Years in Activity Assignment: \_\_\_\_\_

Position: \_\_\_\_\_ Total Years Activity Assignment: \_\_\_\_\_

Date/Time of Conference: \_\_\_\_\_

1. Philosophy

2. Performance

3. Student Management

4. Related Responsibility

5. Professional/Personal Relationships

6. Personal Goals

7. Expectations and Responsibilities of Assistant Advisor/Coaches/Directors

**Sioux Valley School District 5-5  
Head Advisor/Coach/Director  
Self-Evaluation and Evaluation Worksheet**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ School: \_\_\_\_\_

Appointment Date/Time of Conference: \_\_\_\_\_

**A. PHILOSOPHY**

	Excellent	Good	Satisfactory	Needs to Improve	
1. Supports the mission of the Sioux Valley School District 5-5.	1	2	3	4	NA
2. Follows additional guidelines of his/her particular school.	1	2	3	4	NA
3. Follows rules of activity and policies of SDHSAA and Conferences.	1	2	3	4	NA

**B. PERFORMANCE**

1. Has knowledge of the activity.	1	2	3	4	NA
2. Makes maximum use of time for activity/practice.	1	2	3	4	NA
3. Demonstrates safety procedures.	1	2	3	4	NA
4. Is innovative, uses new methods, techniques and ideas.	1	2	3	4	NA
5. Has knowledge of your specific activity rules and district guidelines.	1	2	3	4	NA
6. Preparation of students:	1	2	3	4	NA
a. Physical conditioning.	1	2	3	4	NA
b. Mental - Holds meetings, scouting and provides motivation.	1	2	3	4	NA
c. Emotional - gets students to perform to capabilities.	1	2	3	4	NA
d. Skill development	1	2	3	4	NA
7. Organizes staff effectively.	1	2	3	4	NA

### C. STUDENT MANAGEMENT

1.	Has discipline and control.	1	2	3	4	NA
2.	Is empathetic, fair, tolerant, and patient.	1	2	3	4	NA
3.	Supervises activity area such as locker room, storage, before and after activity.	1	2	3	4	NA
4.	Displays compassion and respect for individual participants.	1	2	3	4	NA
5.	Recognizes individual differences, abilities and personalities.	1	2	3	4	NA
6.	Ensures students display appropriate conduct at events toward players, officials, judges, etc.	1	2	3	4	NA

### D. RELATED RESPONSIBILITIES

1.	Participates in overall school responsibilities.	1	2	3	4	NA
2.	Provides public relations: cooperation communication with students, parents/guardians, community and media.	1	2	3	4	NA
3.	Aids student in gaining college entrance/scholarships.	1	2	3	4	NA
4.	Provides care of equipment, inventory, repair and storage.	1	2	3	4	NA
5.	Assumes additional responsibilities.	1	2	3	4	NA
6.	Keeps records accurately and submits requested reports on schedule.	1	2	3	4	NA
7.	Upholds departmental and school policies, rules, and regulations.	1	2	3	4	NA

E. PROFESSIONAL AND PERSONAL RELATIONSHIPS

1.	Displays rapport and cooperation with other members of staff.	1	2	3	4	NA
2.	Dress appropriately at all times.	1	2	3	4	NA
3.	Demonstrates support for other advisor/ coach/directors.	1	2	3	4	NA
4.	Sets positive example for student by appearance, manners, behavior, and language.	1	2	3	4	NA
5.	Displays appropriate conduct.	1	2	3	4	NA
6.	Attends required meetings.	1	2	3	4	NA
7.	Participates in clinics, workshops, etc. for professional development.	1	2	3	4	NA

F. What are the areas you feel you can improve?

G. How can we help you address those areas of need?

H. How can your program be improved?

**Sioux Valley School District 5-5**  
**Head Advisor/Coach/Director**  
**Summative Evaluation**

Head Advisor/Coach/Director: \_\_\_\_\_

School: \_\_\_\_\_

Position/Activity: \_\_\_\_\_

1. Strengths:

2. Areas to improve:

3. Recommendations:

4. Summary/Comments:

I have read and received a copy of this report and have went over the evaluation. The signature does NOT validate that I agree or disagree with the contents.

\_\_\_\_\_  
Signature of Head Advisor/Coach/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Athletic Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date