

**BETHEL HIGH SCHOOL  
ATHLETIC DEPARTMENT**

**SUB-VARSITY COACHES EVALUATION FORM**

**Coach:**

**Sport:**

**Date:**

The purpose of this evaluation is to identify the areas of coaching in which you excel and to help guide your self-reflection

**Rating Scale: 1 – Exemplary; 2 – Effective; 3 – Adequate; 4 – Unacceptable; 5 – N/A**

- |  |         |
|--|---------|
| Communicates effectively with head coach and athletic director                           | Rating: |
| Clear and effective communication with athletes  | Rating: |
| Communicates effectively with parents  | Rating: |
| Demonstrates knowledge of current school and athletic department policies and procedures | Rating: |
| Demonstrates appropriate handling of athletic injuries                                   | Rating: |
| Equipment and uniforms properly distributed and collected and cared for                  | Rating: |
| Practices are/were organized; purposeful and relevant to the team's skill level          | Rating: |
| Makes the best use of practice time and facility availability                            | Rating: |
| Demonstrates current knowledge of your sport   | Rating: |
| Introduces skills clearly and teaches correct techniques                                 | Rating: |
| Encourages questions and creates a non-threatening practice environment                  | Rating: |
| Devotes adequate time and energy to coaching duties                                      | Rating: |
| Is enthusiastic, positive, patient and tolerant  | Rating: |
| Strives to be a good role model and set a positive example at all times                  | Rating: |
| Treats players equally and enforces team rules consistently                              | Rating: |
| Uses clear and appropriate expectations for the athlete's behavior                       | Rating: |
| Understands the role of athletics in the educational experience                          | Rating: |

**a. Season Highlights:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**b. Goals for Next Year:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Coach's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Recommendation for re-employment:      Yes:      No:**

**Athletic Director's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_