ROBICHAUD
JUNIOR VARSITY COACHING EVALUATION

COACH: SPORT:

HEAD COACH/EVALUATOR: SCHOOL YEAR/SEASON:

	1 Performance is Satisfactory 2 Performance is Unsatisfactory	1	2
1.	**Knowledge of sport demonstrated.**	___	___
2.	**Teaches techniques and skills needed to ensure a successful program.**	___	___
3.	**Teaches the same fundamentals and techniques as the Varsity teams are teaching.**	___	___
4.	**Uses practice time effectively.**	___	___
5.	**Understands WWAC and MHSAA rules and regulations.**	___	___
6.	**Attends all WWAC and MHSAA meetings when required.**	___	___
7.	**Met with parents of athletes prior to the start of the season to discuss rules and expectations (provided same to parents in writing).**	___	___
8.	**Able to communicate effectively and works well with athletes of varied ability levels.**	___	___
9.	**Able to communicate effectively and works well with the Head Varsity Coach**	___	___
10.	**Able to communicate effectively and works well with coaching staff.**	___	___
11.	**Able to communicate effectively and works well with teachers and administration.**	___	___
12.	**Able to communicate effectively and works well with parents and the community.**	___	___
13.	**Monitors athletes' grades and counsels them about the importance of good grades.**	___	___
14.	**Promotes your sport within the community by performing a community service project as a team.**	___	___
15.	**Is a positive role model and motivator.**	___	___
16.	**Makes sure equipment is securely stored at the end of practices/games.**	___	___
17.	**Monitors equipment for safety.**	___	___
18.	**Makes sure facilities are secure at the end of practice.**	___	___
19.	**Orders equipment prior to the season in a timely manner.**	___	___
20.	**Does not leave athletes unattended.**	___	___
21.	**Has team organized and ready for practices and games.**	___	___
22.	**Has collected, inventoried and securely stored equipment for next season.**	___	___

COMMENTS:

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JV Coach's Signature_____**Date**_____

Evaluator's Signature_____**Date**_____

Athletic Director's Signature_____ **Date**_____

CHECK ONE:

☐ **SUCCESSFUL: To be recommended for continued assignment.**

☐ **NEEDS IMPROVEMENT: To be recommended for reassignment provided an understanding can be reached in areas where improvement is suggested.**

☐ **UNSATISFACTORY: Not to be recommended for continued assignment.**