

**ROBICHAUD HIGH SCHOOL
VOLUNTEER COACHES EVALUATION
Non Paid Position**

VOLUNTEER COACH:

SPORT:

HEAD COACH/EVALUATOR:

SCHOOL YEAR/SEASON:

1 Performance is Satisfactory 2 Performance is Unsatisfactory

1 2

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| <ol style="list-style-type: none"> 1. Knowledge of sport demonstrated. 2. Knows techniques and skills to ensure a successful program. 3. Uses practice time effectively. 4. Understands WWAC and MHSAA rules and regulations. 5. Attends Team and Parent meetings. 6. Is able to communicate effectively and works well with athletes. 7. Is able to communicate effectively and works well with coaching staff. 8. Is able to communicate effectively and works well with teachers and administration. 9. Counsels students about the importance of good grades. 10. Assists with extracurricular team events (i.e. fund raisers, community service, clinics, etc). 11. Is a positive role model and motivator. 12. Assists with all levels of this sport as needed. 13. Assists with supervision of players in locker room and other areas. 14. Assists with storage of equipment after practices & games. 15. Accepts and executes duties given by head coach | <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> | <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> |
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COMMENTS:

Head Coach's Signature _____ Date _____

Volunteer Coach'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.