



Rating Instrument – Athletic Assistant Coach

Coach's Name	Employee ID	Date
School	Sport Assignment	Season Record

Overall Practices *Any area of concern for one of the categories, or subcategories, may result in an administrative review of this position.*

3 Highly Effective: Exemplary Performance **2 Effective:** Satisfactory Performance **1 Needs Improvement:** Minor concern/Inconsistent performance **0 Ineffective:** Major Concern/Not demonstrated

3	2	1	0
Highly Effective	Effective	Needs Improvement	Ineffective

Administrative				
<ul style="list-style-type: none"> Works cooperatively with administrative and school staff Participates in required county and school athletic meetings Completes all coaching certification requirements Completes duties as assigned by the head coach 				
Comments:				

Sport Specific Instructions				
<ul style="list-style-type: none"> Displays and/or demonstrates improvement from previous evaluation (if applicable) Demonstrates a variety of instructional techniques Maintains emotional control and demonstrates respect for each athlete as an individual as well as for officials, other coaches, and opponents Demonstrates effective motivational skills and provides positive and appropriate feedback Organizes and plans practices as assigned by the head coach Attends team functions regularly and arrives on time 				
Comments:				

Professional Behavior & Representation				
<ul style="list-style-type: none"> Displays and demands good sportsmanship from all team members Promotes a positive coach-player relationship Models and promotes professional behavior towards officials. Attire at contests is uniform, appropriate and professional Represents the program in a professional manner, including communication with student-athletes and parents 				
Comments:				

Supervision/Safety				
<ul style="list-style-type: none"> Understands and demonstrates the scope of responsibility that comes with assuming a coaching position. i.e. proper supervision, planning and instruction, safety, first aid, risk management Safety concerns are relayed to the head coach 				
Comments:				

County and State Policies and Regulation				
<ul style="list-style-type: none"> Follows AACPS and MPSSAA rules and regulations Subscribes to a philosophy that supports the school and county's mission statement 				
Comments:				

Coach's Name

School

Overall Practices Subtotal

Overall Practices Rating (divide subtotal by 5)

Highly Effective
2.4–3.0

Effective
1.7–2.4

Ineffective/Developing
0, up to but not including 1.7

Overall Comments

My signature below does not necessarily indicate that I agree with the content of this evaluation, but that I have received and was given an opportunity to respond to the above evaluation.

Assistant Coach Signature	Date
Head Coach Signature	Date
Athletic Director Signature	Date
Principal/Designee Signature	Date