

REED HIGH SCHOOL ATHLETIC DEPARTMENT

END-OF-SEASON HEAD COACH CHECKLIST

SPORT _____ SEASON _____

HEAD _____

(Write the names and key number returned to Athletic Department)

HEAD COACH	_____	KEY (S)	_____
ASST. COACH	_____	KEY (S)	_____
ASST. COACH	_____	KEY (S)	_____
ASST. COACH	_____	KEY (S)	_____
ASST. COACH	_____	KEY (S)	_____
ASST. COACH	_____	KEY (S)	_____

Have the following been completed? (Add comments as needed)

_____	ATHLETIC AWARDS FORM turned in	
_____	TEAM AWARDS FORM (MVP, etc.) turned in	
_____	END-OF-SEASON QUESTIONNAIRE turned in	
_____	INVENTORY FORM turned in	
_____	UNIFORMS/EQUIPMENT prepared for storage and repair	
_____	LOST EQUIPMENT FORM turned in	
_____	SCHOOL RECORDS FROM FOR YOUR SPORT turned in	
_____	TRAINING ROOM KITS/SUPPLIES returned to trainer	_____
_____	TEAM ROOM LOCKERS cleaned and vacated	Trainer Initials
_____	LOCK INVENTORY FORM	
_____	BUDGET REQUEST FOR NEXT SEASON turned in	
_____	POSTSEASON MEETING WITH COACHES STAFF	
_____	(DISCUSS ASSISTANT COACH EVALUATION & SIGNED)	
_____	ASSTISANT COACH EVALUATION FORMS turned in	
_____	HEAD COACH'S SELF-EVALUATION FORM turned in	
_____	COPY OF YOUR GAME RESULTS (all levels)	
_____	COPY OF YOUR FINAL SEASON STATS (Varsity only; if applicable)	
_____	POSTSEASON EVALUATION MEETING WITH ATHLETIC	
_____	DEPARTMENT/ATHLETIC ADMINISTRATOR	

Signature of Head Coach

Date

Signature of Athletic Director

Date

Signature of Athletic Administrator

Date

REED HIGH SCHOOL ATHLETIC DEPARTMENT
END-OF-SEASON HEAD COACH QUESTIONNAIRE

SPORT _____ SEASON _____

HEAD COACH _____

(Write the names and key numbers returned to Athletic Department.)

THIS QUESTIONNAIRE IS DESIGNED TO EVALUATE OUR ATHLETIC PROGRAM AND
PROVIDE ADDITIONAL ASSISTANCE FOR YOUR PROGRAM.

1. League Record: _____ Overall Record: _____

2. Equipment or facilities needing repair or improvement before next year:

3. Uniform Condition: (Circle One)

Excellent

Satisfactory

Needs Replacement

4. Equipment lost or worn out this year:

5. Problems that interfered with your program this year:

6. Administration/Athletic Director's cooperation and support of your this past
season: (Circle One)

Excellent

Satisfactory

Poor

Comments and suggestions for improvement:

7. Do you plan to continue as the head coach next year? (Circle One)

Yes

No

Undecided

8. Recommendations for assistant coaching staff next season:

9. Brief season review and objectives for next season:

10. Additional Comments or Concerns:

Head Coach's Signature

Date

Please return to the athletic director at your postseason evaluation conference.

ATHLETIC AWARDS FORM (cont'd)

[illegible]

Use additional sheets if necessary

SCHOOL RECORDS FORM

HEAD COACH _____ DATE _____

Records

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Attach a copy of your final season stats for your Varsity team to this record sheet.

ATHLETIC LOCK INVENTORY FORM

Athletic Director

Lost Locks For Which Payment Is Included (\$5.00): (attach money/check to this form in an envelope)

[illegible]

LOST EQUIPMENT FORM

SEASON _____

DATE _____

[illegible]

EQUIPMENT/UNIFORM INVENTORY FORM

HEAD COACH _____

[illegible]

USE ADDITIONAL FORMS IF NECESSAARRY

REED HIGH SCHOOL ATHLETIC DEPARTMENT
EQUIPMENT/UNIFORM BUDGET REQUEST FORM

SPORT _____ SEASON _____

HEAD COACH _____

Priority (By #)	Quantity	Description & Specifications (Manufacturer, #, Color, size, etc.)	Unit Cost	Total Cost

Total Bottom of Page
Return to the Athletic Director

WASHOE COUNTY SCHOOL DISTRICT

COACHES EVALUATION

NAME: _____

SCHOOL: _____

POSITION: _____

DATE: _____

STANDARD 1					
Professional Responsibilities and Growth	Unsatisfactory	Level 1 Target for Growth	Level 2 Proficient	Level 3 Area of Strength	N/A
Understands and follows coaching criteria as outlined by athletic department.					
Understands and follows rules and regulations set forth by the NFHS, NIAA and WCSD.					
Attends all required meetings by school and athletic associations, i.e., officials meetings, etc.					
Accepts and implements athletic department decisions and policies.					
Completes all required certifications prior to start of season.					
Submits all required forms relating to sport season.					
Keeps administration informed of injuries, potential issues and/or problems.					
Oversees and is responsible for individual team parent booster groups and follows all athletic department policies relating to these groups.					
Insures all off-campus coaches are WCSD cleared prior to interaction with student-athletes.					
Insures that all athletes are cleared through the athletic department prior to participation.					
Works toward continuous improvement in their sport.					
COMMENTS:					
STANDARD 2					
Coaching Performance	Unsatisfactory	Level 1 Target for Growth	Level 2 Proficient	Level 3 Area of Strength	N/A
Performs as a positive role model for other coaches, student-athletes, staff members and game officials.					
Supervises athletes during practice, games, in locker rooms and training room.					
Maintains current knowledge of sports rules and rule changes.					
Develops and adheres to a well organized published practice schedule. (As a general rule practice should not exceed 3 hours.)					
Utilizes staff members and team to its maximum potential.					
Recognizes roll of athletics in the development of lifelong values.					
Teaches and practices highest standards of sportsmanship and personal conduct at all times.					

Maintains individual and team discipline.					
Provides guidance and help to assistant coaches.					
Uses language correctly and effectively. (Practice and games are an extension of the classroom.)					
COMMENTS:					

STANDARD 3

Student-Athlete Development and Growth

	Unsatisfactory	Level 1 Target for Growth	Level 2 Proficient	Level 3 Area of Strength	N/A
Works to develop athletic ability and understanding of the game.					
Instills high standards of personal conduct and sportsmanship.					
Promotes positive relations with student-athlete and their parents.					
Teaches and practices respect for all individual participants, including opponents and officials.					
Teaches the rules and proper techniques of the game.					
Encourages and promotes all sports and student-athletes within the athletic program.					
Continually works with athletes without interfering with other sports programs.					
COMMENTS:					

STANDARD 4

Equipment and Facilities Maintenance

	Unsatisfactory	Level 1 Target for Growth	Level 2 Proficient	Level 3 Area of Strength	N/A
Stress proper care of equipment and facilities.					
Instills in student-athletes the proper care of uniform and equipment and have policy in place for replacement for student-athlete.					
Keeps an accurate and ongoing inventory of uniforms, equipment and supplies used by team.					
Collects all uniforms and equipment at end of season.					
Works cooperatively with grounds keeper/custodial staff with maintenance of facility.					
Informs athletic department of any safety or maintenance issues regarding facility.					
COMMENTS:					

STANDARD 5 Related Areas Associated with Coaching	Unsatisfactory	Level 1 Target for Growth	Level 2 Proficient	Level 3 Area of Strength	N/A
Insures all funds raised for the program are deposited with school bookkeeper.					
Follows proper procedures for purchasing equipment, supplies and payment of assistant coaches.					
Operates within program budget.					
Has in place a program philosophy and development program for lower levels.					
Participates in banquets, parent meetings and additional awards nights.					
Works cooperatively with middle school rules and regulations.					
Works cooperatively with school athletic trainer.					
Promotes and encourages student-athletes academic progress.					
Completes and returns assistant coaches evaluations to athletic department.					
COMMENTS:					
COMMENDATIONS/RECOMMENDATIONS:					
RECOMMENDATION FOR NEXT YEAR:					
<input type="checkbox"/> Recommended for continued assignment. <input type="checkbox"/> Recommended for reassignment provided improvements are made. <input type="checkbox"/> Not recommended for reassignment.					

Evaluator's Name (please print) _____

Evaluator's Signature _____ Date _____

Coach's Signature _____ Date _____

Coach's Comments: ☐ Attached ☐ To Follow ☐ None