

FACULTY OBSERVATION FORM: COACHES

Evaluation of: _____ Semester: _____

Department: _____

Evaluator: _____ Position: _____

	Satisfactory or Better	Needs Improvement	Unsatisfactory	Not Observed (NO) Not Applicable (NA)
Knowledge, Skill, and Ability as an Intercollegiate Coach:				
1. Establishes a relationship with the student-athletes conducive to learning, improving, and contributing to the success of the team.				
Comments:				
2. Communicates ideas clearly and effectively.				
Comments:				
3. Stimulates student-athletes' motivation to work hard, improve skills and be successful student-athletes.				
Comments:				
4. Promotes active involvement of student-athletes in practice/training sessions.				
Comments:				
5. Demonstrates sensitivity in working with student-athletes from diverse backgrounds and with different needs.				
Comments:				
6. Employs appropriate pedagogy and practice/training sessions are well-planned, organized and effective.				
Comments:				
7. Holds all required practice/training sessions at times arranged.				
Comments:				

8. Runs practice/training sessions efficiently.				
Comments:				
9. Maintains an appropriate pace and keeps all student-athletes engaged throughout practice/training sessions.				
Comments:				
10. Provides students with a syllabus which includes a written explanation of the evaluation process, expectations and requirements, assignments, course content, relevant dates, and other information				
Comments:				
11. Content of practice/training sessions is consistent with the official course outline of record.				
Comments:				
12. Uses material and/or equipment pertinent to the course content.				
Comments:				
13. Coaches at a level appropriate to compete in intercollegiate athletics at the community college level.				
Comments:				
14. Demonstrates appropriate command of the sport to be able to respond to student-athletes' needs.				
Comments:				
15. Assesses student-athletes' progress regularly and provides appropriate feedback.				
Comments:				
Additional comments:				

Date(s) of Visit: _____ Length of visit: _____

Sport: _____ Conference Date: _____

Evaluator's Signature: _____

Evaluatee's Signature: _____

The faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.