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| **EMPLOYEE NAME: Smith, John****TEAMS ID #: 12345678****SPORT COACHED: Middle School Head Football** | **CAMPUS: Name Middle School** **DATE: May 31, 2023** |  |

**P=Proficient MI-Must Improve U=Unacceptable NA=Not Applicable**

**(Place an “X” in the appropriate boxes below)**

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| **I. PROFESSIONAL & PERSONAL RELATIONSHIPS** | **P** | **MI** | **U** | **NA** |
| 1. **Maintains open lines of communication with campus administration both verbally and in writing; regularly updates administration and athletic coordinator regarding athletic issues.**
 |  |  |  |  |
| 1. **Provides written team rules, as approved by the campus athletic coordinator, to team members, and parents.**
 |  |  |  |  |
| 1. **Employs fair and consistent behavior management strategies with all student athletes; heeds due process procedures when investigating student/team misconduct.**
 |  |  |  |  |
| 1. **Dresses appropriately at practices and games as recommended by the Athletic Department and indicated in the *Athletic Handbook*.**
 |  |  |  |  |
| 1. **Develops effective public relations with the school, parents, and community.**
 |  |  |  |  |
| 1. **Supports student/athletic program by participating in sports related school functions and promote all sports in the athletic program and foster school spirit and pride.**
 |  |  |  |  |
| 1. **Maintains appropriate professional conduct towards players, coaches, officials, and patrons at athletic practices and games.**
 |  |  |  |  |
| 1. **Works cooperatively with coaches at the elementary, middle school, and high school levels to develop a coordinated, comprehensive, and vertically aligned athletic program.**
 |  |  |  |  |
| 1. **Establishes and maintains all open lines of communication with students and parents.**
 |  |  |  |  |
| 1. **Works cooperatively with coaching staff, campus administration, and Athletic Department.**
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| **II. COACHING PERFORMANCE** | **P** | **MI** | **U** | **NA** |
| 1. **Models respect for athletes, coaches, officials, and patrons during all coaching situations and athletic events.**
 |  |  |  |  |
| 1. **Provides responsible supervision for student athletes.**
 |  |  |  |  |
| 1. **Demonstrates and implements effective leadership strategies that foster individual and team success.**
 |  |  |  |  |
| 1. **Designs flexible, well-coordinated and well-organized practice/game schedules that maximize team, staff, and facility resources.**
 |  |  |  |  |
| 1. **Models the fundamental philosophy, skills, and techniques endorsed by the EPISD Athletic Department for student/athletes.**
 |  |  |  |  |
| 1. **Models effective leadership skills that promote positive attitudes and efforts among student/athletes. Demonstrates respect and good sportsmanship.**
 |  |  |  |  |
| 1. **Follows required guidelines for addressing student injuries as found in the Athletic Handbook, Board Policy, and District procedures.**
 |  |  |  |  |
| 1. **Places appropriate emphasis on the role of competitive athletics as well as character qualities needed for success.**
 |  |  |  |  |
| 1. **Achieves optimal individual and/or team performance levels that extend beyond season win-loss records.**
 |  |  |  |  |

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**(Place an “X” in the appropriate boxes below)**

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| **III. RELATED COACHING RESPONSIBILITIES** | **P** | **MI** | **U** | **NA** |
| 1. **Ensures all student athletes meet eligibility requirements in accordance with UIL competition guidelines and encourages academic success.**
 |  |  |  |  |
| 1. **Encourages athletes to participate in as many sports as desired and supports student/athletes’ participation in other school related activities.**
 |  |  |  |  |
| 1. **Attends in-services, athletic department/school meetings and sports clinics necessary for growth of the athletic program and improvement of coaching performance.**
 |  |  |  |  |
| 1. **Attends all meetings, practices, and athletic events at designated times.**
 |  |  |  |  |
| 1. **Understands and follows rules and regulations set forth by all governing agencies, including but not limited to UIL, TEA, EPISD Board of Trustees, professional organizations, and campus administration.**
 |  |  |  |  |
| 1. **Submits required documents as listed in the *Athletic Handbook* to the campus and Athletic Department in a timely manner.**
 |  |  |  |  |
| 1. **Provides a written report to campus administration and Athletic Department regarding any critical incident as soon as practical, no later than 24 hours after the incident, unless otherwise required by the school principal or the Athletic Department.**
 |  |  |  |  |
| 1. **Assumes responsibility for the proper procurement and care of athletic equipment.**
 |  |  |  |  |
| 1. **Follows District guidelines for the purchase of equipment as specified in Board policy and District procedures.**
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| **IV. SUPERVISION/LEADERSHIP**  | **P** | **MI** | **U** | **NA** |
| 1. **Communicates concerns and issues to school administration, Athletic Office, coaches, athletes, parents, and community.**
 |  |  |  |  |
| 1. **Communicates athletic department information and philosophy via monthly and regularly schedules coaches’ meetings.**
 |  |  |  |  |
| 1. **Works collaboratively with campus athletic coordinator to address issues related to the campus athletic program.**
 |  |  |  |  |
| 1. **Develops a collaborative and vertically aligned program for campuses within their learning community.**
 |  |  |  |  |
| 1. **Assists in the selection of new coaches for team staff.**
 |  |  |  |  |
| 1. **Assists in the observation of campus-based coaches.**
 |  |  |  |  |
| 1. **Assists in the coordination and use of campus athletic facilities.**
 |  |  |  |  |
| 1. **Monitors and maintains up-to-date records for the assigned athletic programs.**
 |  |  |  |  |

**COMMENTS/COMMENDATIONS:**

**RECOMMENDATION OF EVALUATORS**

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| --- | --- |
| **Extra Performance Renewal** |  |
| **Improvement must be shown if renewal is to be recommended in the future.** |  |
| **Extra Performance Assignment Nonrenewal** |  |

**EVALUATION ACKNOWLEDGEMENT**

**I have received a copy of this evaluation. I understand that my signature does not necessarily indicate my agreement.**

**NEEDED SIGNATURES**

|  |  |
| --- | --- |
|  | **Date** |
| **MS Head Football Coach** |  |  |
| **Principal** |  |  |