

# Coaching Course Instructor - EVALUATION Agency

**Approved Agency:**

**Agency Address:**

**City:**

**Zip:**

**Agency Contact Person:**

**email:**

**INSTRUCTOR NAME:**

**Coaching Courses Taught ( check all that apply):**

- Philosophy, Principles and Organization of Athletics \_\_\_\_\_ # of years:
- Health Sciences Applied to Coaching \_\_\_\_\_ # of years:
- Theory & Techniques of Coaching \_\_\_\_\_ # of years:
- First Aid \_\_\_\_\_ # of years      CPR/AED \_\_\_\_\_ # of years

**Please rate the instructor on each of the following: (Circle the appropriate score:  
5 – Mastery; 4 – Proficient; 3 - Basic; 2 – Needs Improvement; 1 – Unacceptable)**

- |                                                                                       |   |   |   |   |   |
|---------------------------------------------------------------------------------------|---|---|---|---|---|
| 1) Expectations/ objectives/ instructional goals are clearly communicated;            | 5 | 4 | 3 | 2 | 1 |
| 2) Explains course requirements, assignments, and class procedures;                   | 5 | 4 | 3 | 2 | 1 |
| 3) Completes course(s) according to SED outlines;                                     | 5 | 4 | 3 | 2 | 1 |
| 4) Adheres to SED time requirements for each course;                                  | 5 | 4 | 3 | 2 | 1 |
| 5) Uses a variety of teaching methods to engage participants;                         | 5 | 4 | 3 | 2 | 1 |
| 6) Exhibits responsible personal and social behavior that respects self and others;   | 5 | 4 | 3 | 2 | 1 |
| 7) Uses multiple strategies and assessment tools to ensure participants are learning; | 5 | 4 | 3 | 2 | 1 |
| 8) Instructional support materials are utilized to enhance lessons where appropriate; | 5 | 4 | 3 | 2 | 1 |
| 9) Opportunities for teachable moments are recognized and utilized;                   | 5 | 4 | 3 | 2 | 1 |
| 10) Specific, meaningful and timely feedback is provided.                             | 5 | 4 | 3 | 2 | 1 |