GVSU Club Sports HEAD COACH EVALUATION FORM

Club Name:	Date:	Mid-Year or E	nd-of-Year:	
1 – Exceptional		luation Scale eds Improvement 4 – 1	Unsatisfactory 5 - N/A	
ADMINISTRATIVE RESPO	NSIBILITIES:			
Communicates and coop	perates with the Club	Sports office.		
Communicates with assi	istant coaches and clu	b e-board on their roles,	, duties, and expectations.	
Abides by all relevant sc	chool policies, admini	strative directives, leagu	ue rules and regulations.	
Consults and communication game scheduling requests, pare			rer discipline issues, practice and s or problems, etc	
Advises the club on bu	udget, purchasing, e	xpenses, fundraising,	and donations/sponsorships.	
COACHING PERFORMANO	CE:			
The atmosphere of pra organized and have an appro		nce player and team n	norale. Practice sessions are w	ell
Serves as a good role	model that demonst	rates proper sportsma	nship, ethics, and integrity.	
Demonstrates a sound	l knowledge of our	sport.		
Attends and is on time	e for every practice	and competition agree	ed upon by the team.	
Handles injuries in an	appropriate manner	r. Respects decisions of	of Athletic Training staff.	
Provides constructive	feedback and positi	ive methods of motiva	ution.	
Sets clear rules and co	onduct expectations	and is consistent in er	nforcing them.	
Prepares our team to c	compete appropriate	ely at our desired level	l of competition.	
RELATIONSHIPS:				
There is mutual respec	ct between coach(es	s) and student-athlete(s).	

Has strong communicate exchange of ideas between e-b		s and there was ample opportunity	for
Fosters a positive and in	nclusive environment and supp	orts student-athlete well-being.	
Establishes and maintai as an individual and with fairn	_	ent-athletes. They treat each studen	t-athlete
Communicates effective officials.	ely with, and demonstrates resp	pect for, all opponents, coaches, and	l game
Cares for my academic	success.		
CLUB OVERALL COMMENT	rs:		
HEAD COACH'S OVERALL	COMMENTS:		
MUTUAL PLAN OF ACTION	FOR MAINTAINING OR IMP	PROVING:	
The club president and coach's si true.	gnature indicate he/she/they has r	ead this evaluation and agree to its cor	itents as
	CL L OW C		
Club Officer Printed Name	Club Officer Signature	Date	
Head Coach Printed Name	Head Coach Signature	- Date	