

Coaching Course Instructor - EVALUATION Agency

Top Form^{Inc.}



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)

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|---|---|---|---|---|---|
| 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 |