

## Team Fitness Coaches Evaluation

**Part 1- 5-Stage Evaluation**- On a scale of 1-10 how does the coach rate in these areas with 10 being the best. Please circle the number that best represents your answer.

1. Is the coach performing stage-1 of the Team Fitness workout and are all youth involved in this team warm-up stage?

1      2      3      4      5      6      7      8      9      10

What area(s) are in need of improvement: \_\_\_\_\_

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2. Is the coach performing stage-2 of the Team Fitness workout and are all youth involved in this team stretch stage?

1      2      3      4      5      6      7      8      9      10

What area(s) are in need of improvement: \_\_\_\_\_

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3. Is the coach performing stage-3 of the Team Fitness workout and are all youth involved in this team workout stage?

1      2      3      4      5      6      7      8      9      10

What area(s) are in need of improvement: \_\_\_\_\_

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4. Is the coach performing stage-4 of the Team Fitness workout and are all youth involved in this team activity stage?

1      2      3      4      5      6      7      8      9      10

What area(s) are in need of improvement: \_\_\_\_\_

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5. Is the coach performing stage-5 of the Team Fitness workout and are all youth involved in this team worm-up stage?

1      2      3      4      5      6      7      8      9      10

What area(s) are in need of improvement: \_\_\_\_\_

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**Part 1- Score:** \_\_\_\_\_

**Part 2- Coaching Style-** On a scale of 1-10 how does the coach rate in these areas with 10 being the best. Please circle the number that best represents your answer.

6. Do students respect coach and coach's style of teaching?

1      2      3      4      5      6      7      8      9      10

What area(s) are in need of improvement: \_\_\_\_\_

\_\_\_\_\_

7. Does coach have control of class and is he/she able to manage time allotted for class?

1      2      3      4      5      6      7      8      9      10

What area(s) are in need of improvement: \_\_\_\_\_

\_\_\_\_\_

8. Is coach prepared to conduct class and is he/she able to conduct multiple classes per day?

1      2      3      4      5      6      7      8      9      10

What area(s) are in need of improvement: \_\_\_\_\_

\_\_\_\_\_

9. Does coach use equipment issued to them and is it enough to perform the class?

1      2      3      4      5      6      7      8      9      10

What area(s) are in need of improvement: \_\_\_\_\_

\_\_\_\_\_

10. How would you rate this coach overall ?

1      2      3      4      5      6      7      8      9      10

What area(s) are in need of improvement: \_\_\_\_\_

\_\_\_\_\_

11. Would you recommend this coach for another school or to return to your site?

1      2      3      4      5      6      7      8      9      10

What area(s) are in need of improvement: \_\_\_\_\_

\_\_\_\_\_

**Part 2-Score:** \_\_\_\_\_

**Part 3- Coaches Professionalism**-Please answer the following questions with a yes, no or sometimes.

12. Does coach show up for class on time?

Yes \_\_\_ No \_\_\_ Some times \_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

13. Does the coach conduct all classes in their Team Fitness uniform?

Yes \_\_\_ No \_\_\_ Some times \_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

14. Does coach look and act professional while conducting class?

Yes \_\_\_ No \_\_\_ Some times \_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

15. Has the coach been reprimanded for any reason by school staff or CLC coordinator?

Yes \_\_\_ No \_\_\_ Some times \_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

16. Does coach respect all support staff and parents:

Yes \_\_\_ No \_\_\_ Some times \_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

17. Is the coach able to be flexible with the needs of the school and other programs offered?

Yes \_\_\_ No \_\_\_ Some times \_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

18. Can the coach accommodate all participants in each class and are students engaged?

Yes \_\_\_ No \_\_\_ Some times \_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Evaluation Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Individual Evaluated: \_\_\_\_\_ Site Location: \_\_\_\_\_