

Office Of Curriculum and Instructional Support
89 Washington Avenue
Albany, New York 12234
(518) 474-5922; Fax: (518) 486-1385
<http://www.emsc.nysed.gov/ciai/>

Internship Evaluation Information Form

Name of Coach: _____

Name and Title/Position of Evaluator: _____

Sport: _____ Date Completed: _____

Directions: An internship (Minimum of 30 hours) will include practical experience as a coach in a specific sport while under the supervision of a school district athletic administrator and/or agency leader and/or organization leader periods of observing other approved coaches. Evidence of the coaching experience and/or periods of observation must be accompanied by the internship evaluation information form. This information must be kept by the coach being evaluated and the district athletic administrator and/or local district personnel administrator. In addition, after the evaluation is complete, a Coaching Internship Attestation will have to be completed.

See: <http://www.highered.nysed.gov/tcert/teach/login.html>

Please rate demonstrated competencies of the coach in each of the listed areas of responsibilities as determined by your personal observation 4: Exceeds expectations, 3: Meets Expectations, 2: Needs Improvement, 1: Unsatisfactory

A. Team selection.

4 3 2 1

B. Practice planning (clear daily, weekly, and seasonal objectives).

4 3 2 1

C. Warm-up and conditioning activities.

4 3 2 1

D. Organization of drills, etc.

4 3 2 1

E. Skill instruction.

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4 3 2 1

F. Strategy analysis.

4 3 2 1

G. Awareness of individual and team strengths/weaknesses.

4 3 2 1

H. Use of teaching aids.

4 3 2 1

I. Motivational techniques.

4 3 2 1

J. Professional relationship with fellow coaches.

4 3 2 1

K. Control of player and team behavior/conduct.

4 3 2 1

L. Care of Equipment.

4 3 2 1

The above information is provided as a result of my observation and evaluation of this coach during the _____ season for the sport of _____.

Signature of Evaluator _____

School: _____