

RECEIVED NOV 29 2005

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Beaty Sport Cheerleading
Name Nicole Bennell Season Fall 2005
Number of Years of Service as: Head Coach _____ Assistant Coach 5

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION

	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	(S)	()	()	()
b. Has ability to teach knowledge	(S)	()	()	()
c. Enthusiasm	(S)	()	()	()
d. Has self-control and poise	(S)	()	()	()
e. Control/Discipline of athletes	(S)	()	()	()
2. Organization				
a. Well planned practices	(S)	()	()	()
b. Care and inventory of equipment	(S)	()	()	()
c. Demonstrates punctuality	(S)	()	()	()
d. Record keeping and reports	(S)	()	()	()
3. Personal Relationships				
a. Rapport with athletes	(S)	()	()	()
b. Rapport with his/her staff	(S)	()	()	()
c. Rapport with other sport coaches	(S)	()	()	()
d. Rapport with officials	(S)	()	()	()
e. Rapport with parents of athletes	(S)	()	()	()
f. Rapport with Sports Boosters	(S)	()	()	()
g. Rapport with Administration	(S)	()	()	()
h. Rapport with media	(S)	()	()	()
i. Role model to athletes	(S)	()	()	()
4. Administration				
a. Follows rules and policies	(S)	()	()	()
b. Concern for health and safety of students	(S)	()	()	()
c. Supervises students	(S)	()	()	()
d. Follows proper channels	(S)	()	()	()

Additional Comments: Nicole is always well prepared and
enthusiastic when working with our middle level cheerleaders.
(Additional comments on the back)

Your services were rated as: Satisfactory (X) Needs Improvement () Unsatisfactory ()

Signature of Coach Nicole S Bennell Date 10-28-05

Signature of Evaluator J. Ondrask Date 10-21-05
Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes (X) No ()

Signature Nicole S Bennell Date 10-28-05

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WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Beaty Sport Girl's Basketball

Name Ron Carr Season Fall 2005

Number of Years of Service as: Head Coach _____ Assistant Coach 3

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has ability to teach knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has self-control and poise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Control/Discipline of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organization				
a. Well planned practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Care and inventory of equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record keeping and reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Relationships				
a. Rapport with athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rapport with his/her staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rapport with other sport coaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rapport with officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rapport with parents of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rapport with Sports Boosters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Rapport with Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Rapport with media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Role model to athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Administration				
a. Follows rules and policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Concern for health and safety of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervises students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Follows proper channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: The 8th grade girls showed great improvement throughout the season.
(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement Unsatisfactory

Signature of Coach Ronald Carr Date 10-27-05

Signature of Evaluator J. Ondraszek Date 11-21-05
Principal's Signature 10-27-05

IF SATISFACTORY:

I will be available to serve next year. Yes No

Signature Ronald Carr Date 10-27-05

RECEIVED NOV 29 2005

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Beaty Sport Girls Basketball
Name John White Season Fall 2005
Number of Years of Service as: Head Coach _____ Assistant Coach 2

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has ability to teach knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has self-control and poise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Control/Discipline of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organization				
a. Well planned practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Care and inventory of equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record keeping and reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Relationships				
a. Rapport with athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rapport with his/her staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rapport with other sport coaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rapport with officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rapport with parents of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rapport with Sports Boosters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Rapport with Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Rapport with media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Role model to athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Administration				
a. Follows rules and policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Concern for health and safety of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervises students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Follows proper channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: The 7th grade girls showed great improvement throughout the season
(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement Unsatisfactory

Signature of Coach [Signature] Date 10/27/05

Signature of Evaluator [Signature] Date 11-21-05
Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes No

Signature [Signature] Date 10/27/05

RECEIVED NOV 29 2005

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Beaty Sport Football 7

Name Mark Bupp Season Fall 2005

Number of Years of Service as: Head Coach _____ Assistant Coach 2

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION

	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has ability to teach knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has self-control and poise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Control/Discipline of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organization				
a. Well planned practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Care and inventory of equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record keeping and reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Relationships				
a. Rapport with athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rapport with his/her staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rapport with other sport coaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rapport with officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rapport with parents of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rapport with Sports Boosters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Rapport with Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Rapport with media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Role model to athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Administration				
a. Follows rules and policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Concern for health and safety of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervises students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Follows proper channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: Mark works well with middle level athletes. Great season.

(Additional comments on the back)

Your services were rated as Satisfactory Needs Improvement Unsatisfactory

Signature of Coach Mark Bupp Date 10/28/05

Signature of Evaluator J. Ondrasch Date 10/21/05
Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes No

Signature Mark Bupp Date 10/28/05

RECEIVED NOV 29 2005

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Beaty Sport Football 7

Name Rusty Zigler Season Fall 2005

Number of Years of Service as: Head Coach _____ Assistant Coach 2

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has ability to teach knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has self-control and poise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Control/Discipline of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organization				
a. Well planned practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Care and inventory of equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record keeping and reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Relationships				
a. Rapport with athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rapport with his/her staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rapport with other sport coaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rapport with officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rapport with parents of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rapport with Sports Boosters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Rapport with Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Rapport with media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Role model to athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Administration				
a. Follows rules and policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Concern for health and safety of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervises students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Follows proper channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: Rusty shows great passion and enthusiasm while coaching our middle level athletes at Beaty. Great season.
(Additional comments on the back)

Your services were rated as Satisfactory () Needs Improvement () Unsatisfactory ()

Signature of Coach Rusty Zigler Date 10-27-05

Signature of Evaluator J. Ondrasch Date 11-21-05
Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes No ()

Signature Rusty Zigler Date 10-27-05

RECEIVED NOV 29 2005

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Beaty Sport Football 8

Name Conky Fry Season Fall 2005

Number of Years of Service as: Head Coach _____ Assistant Coach 6

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	(S)	()	()	()
b. Has ability to teach knowledge	(S)	()	()	()
c. Enthusiasm	(S)	()	()	()
d. Has self-control and poise	(S)	()	()	()
e. Control/Discipline of athletes	(S)	()	()	()
2. Organization				
a. Well planned practices	(S)	()	()	()
b. Care and inventory of equipment	(S)	()	()	()
c. Demonstrates punctuality	(S)	()	()	()
d. Record keeping and reports	(S)	()	()	()
3. Personal Relationships				
a. Rapport with athletes	(S)	()	()	()
b. Rapport with his/her staff	(S)	()	()	()
c. Rapport with other sport coaches	(S)	()	()	()
d. Rapport with officials	(S)	()	()	()
e. Rapport with parents of athletes	(S)	()	()	()
f. Rapport with Sports Boosters	(S)	()	()	()
g. Rapport with Administration	(S)	()	()	()
h. Rapport with media	(S)	()	()	()
i. Role model to athletes	(S)	()	()	()
4. Administration				
a. Follows rules and policies	(S)	()	()	()
b. Concern for health and safety of students	(S)	()	()	()
c. Supervises students	(S)	()	()	()
d. Follows proper channels	(S)	()	()	()

Additional Comments: Conky has done a great job as the Head Football Coach at Beaty. Conky is always well prepared for practices and games.
(Additional comments on the back)

Your services were rated as: Satisfactory (X) Needs Improvement () Unsatisfactory ()

Signature of Coach Conky Fry Date 10-21-05

Signature of Evaluator N. Ondrasik Date 11-21-05
Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes () No ()

Signature Conky Fry Date 10-28-05

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Beaty Sport Football 8
 Name Jared Vilella Season Fall 2005
 Number of Years of Service as: Head Coach _____ Assistant Coach 2

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has ability to teach knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has self-control and poise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Control/Discipline of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organization				
a. Well planned practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Care and inventory of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record keeping and reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Relationships				
a. Rapport with athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rapport with his/her staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rapport with other sport coaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rapport with officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rapport with parents of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rapport with Sports Boosters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Rapport with Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Rapport with media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Role model to athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Administration				
a. Follows rules and policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Concern for health and safety of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervises students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Follows proper channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: Jared works well with middle level athletes. Great season.

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement Unsatisfactory
 Signature of Coach Jared Vilella Date 10/28/05
 Signature of Evaluator [Signature] Date 11/21/05
 Principal's Signature _____

IF SATISFACTORY:

I will be available to serve next year. Yes No
 Signature Jared Vilella Date 10/28/05

RECEIVED DEC 19 2005

Appendix C

COACH EVALUATION FORM

School EISENHOWER Sport FALL CHEER

Name CHLOE TOTTENHAX Season 2005

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	(✓)	()	()	()
b. Has ability to teach knowledge	(✓)	()	()	()
c. Enthusiasm	(✓)	()	()	()
d. Has self-control and poise	(✓)	()	()	()
e. Control/Discipline of athletes	(✓)	()	()	()
f. Other	()	()	()	()
2. Organization				
a. Well planned practices	(✓)	()	()	()
b. Care and inventory of equipment	()	(✓)	()	()
c. Demonstrates punctuality	(✓)	()	()	()
d. Record keeping and reports	()	(✓)	()	()
e. Other	()	()	()	()
3. Personal Relationships				
a. Rapport with athletes	(✓)	()	()	()
b. Rapport with his/her staff	(✓)	()	()	()
c. Rapport with other sport coaches	(✓)	()	()	()
d. Rapport with officials	()	()	()	(✓)
e. Rapport with parents of athletes	(✓)	()	()	()
f. Rapport with Sports Boosters ()	(✓)	()	()	()
g. Rapport with Administration	(✓)	()	()	()
h. Rapport with media	()	()	()	(✓)
i. Role model to athletes	(✓)	()	()	()
j. Other	()	()	()	()
4. Administration				
a. Follows rules and policies	(✓)	()	()	()
b. Concern for health and safety of students	(✓)	()	()	()
c. Supervises students	(✓)	()	()	()
d. Follows proper channels	(✓)	()	()	()
e. Other	()	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory () Needs Improvement
() Unsatisfactory ()

Signature of Coach _____ Date _____

Signature of Evaluator Kelly M. Martin Date 12-12-05
(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes () No ()
Signature _____ Date _____

RECEIVED NOV 13 2005

Appendix C

COACH EVALUATION FORM

School EISENHOWER Sport CROSS-COUNTRY
 Name DARLENE BEACH Season 2005

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	(4)	()	()	()
b. Has ability to teach knowledge	(4)	()	()	()
c. Enthusiasm	(4)	()	()	()
d. Has self-control and poise	(4)	()	()	()
e. Control/Discipline of athletes	(4)	()	()	()
f. Other	()	()	()	()
2. Organization				
a. Well planned practices	(4)	()	()	()
b. Care and inventory of equipment	(4)	()	()	()
c. Demonstrates punctuality	(4)	()	()	()
d. Record keeping and reports	(4)	()	()	()
e. Other	()	()	()	()
3. Personal Relationships				
a. Rapport with athletes	(4)	()	()	()
b. Rapport with his/her staff	(4)	()	()	()
c. Rapport with other sport coaches	(4)	()	()	()
d. Rapport with officials	(4)	()	()	()
e. Rapport with parents of athletes	(4)	()	()	()
f. Rapport with Sports Boosters ()	(4)	()	()	()
g. Rapport with Administration	(4)	()	()	()
h. Rapport with media	(4)	()	()	()
i. Role model to athletes	(4)	()	()	()
j. Other	()	()	()	()
4. Administration				
a. Follows rules and policies	(4)	()	()	()
b. Concern for health and safety of students	(4)	()	()	()
c. Supervises students	(4)	()	()	()
d. Follows proper channels	(4)	()	()	()
e. Other	()	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory () Needs Improvement
 () Unsatisfactory ()

Signature of Coach _____ Date _____

Signature of Evaluator [Signature] Date 11/10/05
 (Principal or Designee)

IF SATISFACTORY:
 I will be available to serve next year. Yes (4) No ()
 Signature [Signature] Date 11/15/05

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Appendix C

COACH EVALUATION FORM

School Eisenhower Sport Cross Country

Name Al McLaughlin Season 2005

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	(✓)	()	()	()
b. Has ability to teach knowledge	(✓)	()	()	()
c. Enthusiasm	(✓)	()	()	()
d. Has self-control and poise	(✓)	()	()	()
e. Control/Discipline of athletes	(✓)	()	()	()
f. Other	()	()	()	()
2. Organization				
a. Well planned practices	(✓)	()	()	()
b. Care and inventory of equipment	(✓)	()	()	()
c. Demonstrates punctuality	(✓)	()	()	()
d. Record keeping and reports	(✓)	()	()	()
e. Other	()	()	()	()
3. Personal Relationships				
a. Rapport with athletes	(✓)	()	()	()
b. Rapport with his/her staff	(✓)	()	()	()
c. Rapport with other sport coaches	(✓)	()	()	()
d. Rapport with officials	(✓)	()	()	()
e. Rapport with parents of athletes	(✓)	()	()	()
f. Rapport with Sports Boosters ()	(✓)	()	()	()
g. Rapport with Administration	(✓)	()	()	()
h. Rapport with media	()	()	()	(✓)
i. Role model to athletes	(✓)	()	()	()
j. Other	()	()	()	()
4. Administration				
a. Follows rules and policies	(✓)	()	()	()
b. Concern for health and safety of students	(✓)	()	()	()
c. Supervises students	(✓)	()	()	()
d. Follows proper channels	(✓)	()	()	()
e. Other	()	()	()	()

Additional Comments: Al continues to be very helpful, dependable, and knowledgeable of the sport

(Additional comments on the back)

Your services were rated as: Satisfactory () Needs Improvement (✓) Unsatisfactory ()

Signature of Coach Al McLaughlin Date 11/15/05

Signature of Evaluator Darlene M. Beaulieu Date 11/15/05
(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes (✓) No () Date 11-15-05

Signature Al McLaughlin

Appendix C

COACH EVALUATION FORM

School EISENHOWER Sport FOOTBALL
 Name JIM PENLEY Season 2005

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	(4)	()	()	()
b. Has ability to teach knowledge	(4)	()	()	()
c. Enthusiasm	(4)	()	()	()
d. Has self-control and poise	(4)	()	()	()
e. Control/Discipline of athletes	(4)	()	()	()
f. Other	()	()	()	()
2. Organization				
a. Well planned practices	(4)	()	()	()
b. Care and inventory of equipment	(4)	()	()	()
c. Demonstrates punctuality	(4)	()	()	()
d. Record keeping and reports	(4)	()	()	()
e. Other	()	()	()	()
3. Personal Relationships				
a. Rapport with athletes	(4)	()	()	()
b. Rapport with his/her staff	(4)	()	()	()
c. Rapport with other sport coaches	(4)	()	()	()
d. Rapport with officials	(4)	()	()	()
e. Rapport with parents of athletes	(4)	()	()	()
f. Rapport with Sports Boosters	()	()	()	()
g. Rapport with Administration	(4)	()	()	()
h. Rapport with media	(4)	()	()	()
i. Role model to athletes	(4)	()	()	()
j. Other	()	()	()	()
4. Administration				
a. Follows rules and policies	(4)	()	()	()
b. Concern for health and safety of students	(4)	()	()	()
c. Supervises students	(4)	()	()	()
d. Follows proper channels	(4)	()	()	()
e. Other	()	()	()	()

Additional Comments: VERY HEALTHY PROGRAM

(Additional comments on the back)

Your services were rated as: Satisfactory () Needs Improvement
 () Unsatisfactory ()

Signature of Coach [Signature] Date 11/16

Signature of Evaluator [Signature] Date 11/10/05
 (Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes No ()
 Signature [Signature] Date 11/16

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Appendix C

COACH EVALUATION FORM

School EISENHOWER Sport GOLF
 Name VERYL BRINKLEY Season 2005

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	(✓)	()	()	()
b. Has ability to teach knowledge	(✓)	()	()	()
c. Enthusiasm	(✓)	()	()	()
d. Has self-control and poise	(✓)	()	()	()
e. Control/Discipline of athletes	(✓)	()	()	()
f. Other	()	()	()	()
2. Organization				
a. Well planned practices	(✓)	()	()	()
b. Care and inventory of equipment	(✓)	()	()	()
c. Demonstrates punctuality	(✓)	()	()	()
d. Record keeping and reports	(✓)	()	()	()
e. Other	()	()	()	()
3. Personal Relationships				
a. Rapport with athletes	(✓)	()	()	()
b. Rapport with his/her staff	(✓)	()	()	()
c. Rapport with other sport coaches	(✓)	()	()	()
d. Rapport with officials	(✓)	()	()	()
e. Rapport with parents of athletes	(✓)	()	()	()
f. Rapport with Sports Boosters ()	()	()	()	()
g. Rapport with Administration	(✓)	()	()	()
h. Rapport with media	(✓)	()	()	()
i. Role model to athletes	(✓)	()	()	()
j. Other	()	()	()	()
4. Administration				
a. Follows rules and policies	(✓)	()	()	()
b. Concern for health and safety of students	(✓)	()	()	()
c. Supervises students	(✓)	()	()	()
d. Follows proper channels	(✓)	()	()	()
e. Other	()	()	()	()

Additional Comments: VERY GOOD YEAR

(Additional comments on the back)

Your services were rated as: Satisfactory () Needs Improvement

() Unsatisfactory
 Signature of Coach V.H. Brinkley Date 11/10/05

Signature of Evaluator Kelly Martin Date 11/10/05
 (Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes No ()
 Signature V.H. Brinkley Date 11/10/05

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Appendix C

COACH EVALUATION FORM

School EISENHOWER Sport BOYS SOCCER
 Name MIKE DECKER Season 2005

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	(4)	()	()	()
b. Has ability to teach knowledge	(4)	()	()	()
c. Enthusiasm	(4)	()	()	()
d. Has self-control and poise	(4)	()	()	()
e. Control/Discipline of athletes	(4)	()	()	()
f. Other	()	()	()	()
2. Organization				
a. Well planned practices	(4)	()	()	()
b. Care and inventory of equipment	(4)	()	()	()
c. Demonstrates punctuality	(4)	()	()	()
d. Record keeping and reports	(4)	()	()	()
e. Other	()	()	()	()
3. Personal Relationships				
a. Rapport with athletes	(4)	()	()	()
b. Rapport with his/her staff	(4)	()	()	()
c. Rapport with other sport coaches	(4)	()	()	()
d. Rapport with officials	(4)	()	()	()
e. Rapport with parents of athletes	(4)	()	()	()
f. Rapport with Sports Boosters ()	(4)	()	()	()
g. Rapport with Administration	(4)	()	()	()
h. Rapport with media	(4)	()	()	()
i. Role model to athletes	(4)	()	()	()
j. Other	()	()	()	()
4. Administration				
a. Follows rules and policies	(4)	()	()	()
b. Concern for health and safety of students	(4)	()	()	()
c. Supervises students	(4)	()	()	()
d. Follows proper channels	(4)	()	()	()
e. Other	()	()	()	()

Additional Comments: FANTASTIC YEAR

(Additional comments on the back)

Your services were rated as: Satisfactory () Needs Improvement
 () Unsatisfactory ()

Signature of Coach _____ Date _____

Signature of Evaluator Olly Martin Date 11/10/05
 (Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes () No ()
 Signature _____ Date _____

Appendix C

COACH EVALUATION FORM

School EISENHOWER Sport GIRLS SOCCER
 Name KEVIN WETZEL Season 2005

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	(✓)	()	()	()
b. Has ability to teach knowledge	(✓)	()	()	()
c. Enthusiasm	(✓)	()	()	()
d. Has self-control and poise	(✓)	()	()	()
e. Control/Discipline of athletes	(✓)	()	()	()
f. Other	()	()	()	()
2. Organization				
a. Well planned practices	(✓)	()	()	()
b. Care and inventory of equipment	(✓)	()	()	()
c. Demonstrates punctuality	(✓)	()	()	()
d. Record keeping and reports	(✓)	()	()	()
e. Other	()	()	()	()
3. Personal Relationships				
a. Rapport with athletes	(✓)	()	()	()
b. Rapport with his/her staff	(✓)	()	()	()
c. Rapport with other sport coaches	(✓)	()	()	()
d. Rapport with officials	(✓)	()	()	()
e. Rapport with parents of athletes	(✓)	()	()	()
f. Rapport with Sports Boosters ()	(✓)	()	()	()
g. Rapport with Administration	(✓)	()	()	()
h. Rapport with media	(✓)	()	()	()
i. Role model to athletes	(✓)	()	()	()
j. Other	()	()	()	()
4. Administration				
a. Follows rules and policies	(✓)	()	()	()
b. Concern for health and safety of students	(✓)	()	()	()
c. Supervises students	(✓)	()	()	()
d. Follows proper channels	(✓)	()	()	()
e. Other	()	()	()	()

Additional Comments: GREAT JOB ON YOUR 1ST SEASON.

(Additional comments on the back)

Your services were rated as: Satisfactory () Needs Improvement
 () Unsatisfactory ()

Signature of Coach _____ Date _____

Signature of Evaluator [Signature] Date 12-12-05
 (Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes () No ()

Signature _____ Date _____

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania
COACH EVALUATION FORM

RECEIVED 910 - 8 2005

School Sheffield Area Middle High School Sport Fall Cheer
Name Cheryl Bonavita Season Fall 05-06

Note: S-Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	x	()	()	()
b. Has ability to teach knowledge	x	()	()	()
c. Enthusiasm	x	()	()	()
d. Has self-control and poise	x	()	()	()
e. Control/Discipline of athletes	x	()	()	()
f. Other	()	()	()	()
2. Organization				
a. Well planned practices	x	()	()	()
b. Care and inventory of equipment	x	()	()	()
c. Demonstrates punctuality	x	()	()	()
d. Record keeping and reports	x	()	()	()
e. Other	()	()	()	()
3. Personal Relationships				
a. Rapport with athletes	x	()	()	()
b. Rapport with his/her staff	()	()	()	x
c. Rapport with other sport coaches	x	()	()	()
d. Rapport with officials	()	()	()	x
e. Rapport with parents of athletes	x	()	()	()
f. Rapport with Sports Boosters	x	()	()	()
g. Rapport with administration	x	()	()	()
h. Rapport with media	()	()	()	x
i. Role model to athletes	x	()	()	()
J. Other	()	()	()	()
4. Administration				
a. Follows rules and policies	x	()	()	()
b. Concern for health and safety of students	x	()	()	()
c. Supervises students	x	()	()	()
d. Follows proper channels	x	()	()	()
e. Other	()	()	()	()

Your services were rates as: Satisfactory (x) Needs Improvement () Unsatisfactory ()

IF SATISFACTORY:
I will be available to serve next year: Yes () No ()

Signature of Coach: Cheryl Bonavita Date: 11-30-05
Signature of Evaluator: [Signature] Date: 11-1-05

Mrs. Bonavita has demonstrated a most professional attitude in coaching our junior and senior high cheer squads. She was always diligent in her supervision of safe and tasteful cheer routines.

Mrs. Bonavita dealt with upset parents and squad members professionally. The administration was informed of issues and problems and Mrs. Bonavita supported the administration in every case.

Mrs. Bonavita can provide competent supervision of our cheer squads and insure the safety of our team members.

WARREN COUNTY SCHOOL DISTRICT
 Warren, Pennsylvania
COACH EVALUATION FORM

RECEIVED DEC - 8 2005

School Sheffield Area Middle High School Sport Fall Cheer

Name Kathy Davidson Season Fall 05-06

Note: **S-Satisfactory** **SI - Needs Improvement** **U - Unsatisfactory** **NA - Not Applicable**

PERFORMANCE EVALUATION	S	SI	U	NA
1. <u>Instruction</u>				
a. Has knowledge of the sport	x	()	()	()
b. Has ability to teach knowledge	x	()	()	()
c. Enthusiasm	x	()	()	()
d. Has self-control and poise	x	()	()	()
e. Control/Discipline of athletes	x	()	()	()
f. Other	()	()	()	()
2. <u>Organization</u>				
a. Well planned practices	x	()	()	()
b. Care and inventory of equipment	x	()	()	()
c. Demonstrates punctuality	x	()	()	()
d. Record keeping and reports	x	()	()	()
e. Other	()	()	()	()
3. <u>Personal Relationships</u>				
a. Rapport with athletes	x	()	()	()
b. Rapport with his/her staff	()	()	()	x
c. Rapport with other sport coaches	x	()	()	()
d. Rapport with officials	()	()	()	x
e. Rapport with parents of athletes	x	()	()	()
f. Rapport with Sports Boosters	x	()	()	()
g. Rapport with administration	x	()	()	()
h. Rapport with media	()	()	()	x
i. Role model to athletes	x	()	()	()
J. Other	()	()	()	()
4. <u>Administration</u>				
a. Follows rules and policies	x	()	()	()
b. Concern for health and safety of students	x	()	()	()
c. Supervises students	x	()	()	()
d. Follows proper channels	x	()	()	()
e. Other	()	()	()	()

Your services were rated as: Satisfactory (x) Needs Improvement () Unsatisfactory ()

IF SATISFACTORY:

I will be available to serve next year: Yes () No ()

Signature of Coach: *Kathy Davidson*

Date: _____

Signature of Evaluator: *Jan M. [unclear]*

Date: 11-1-05

Mrs. Davidson has demonstrated a most professional attitude in coaching our junior and senior high cheer squads. She was always diligent in her supervision of safe and tasteful cheer routines.

Mrs. Davidson dealt with upset parents and squad members professionally. The administration was informed of issues and problems and Mrs. Davidson supported the administration in every case.

Mrs. Davidson can provide competent supervision of our cheer squads and insure the safety of our team members.

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED

COACH EVALUATION FORM

School Sheffield Sport Football

Name Dave Fitch Season 2005-2006

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION

	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	PPPP	()	()	()
b. Has ability to teach knowledge	PPPP	()	()	()
c. Enthusiasm	PPPP	()	()	()
d. Has self-control and poise	PPPP	()	()	()
e. Control/Discipline of athletes	PPPP	()	()	()
f. Other	()	()	()	()
2. Organization				
a. Well planned practices	PPPP	()	()	()
b. Care and inventory of equipment	PPPP	()	()	()
c. Demonstrates punctuality	PPPP	()	()	()
d. Record keeping and reports	PPPP	()	()	()
e. Other	()	()	()	()
3. Personal Relationships				
a. Rapport with athletes	PPPP	()	()	()
b. Rapport with his/her staff	PPPP	()	()	()
c. Rapport with other sport coaches	PPPP	()	()	()
d. Rapport with officials	PPPP	()	()	()
e. Rapport with parents of athletes	PPPP	()	()	()
f. Rapport with Sports Boosters	PPPP	()	()	()
g. Rapport with Administration	PPPP	()	()	()
h. Rapport with media	PPPP	()	()	()
i. Role model to athletes	PPPP	()	()	()
j. Other	()	()	()	()
4. Administration				
a. Follows rules and policies	PPPP	()	()	()
b. Concern for health and safety of students	PPPP	()	()	()
c. Supervises students	PPPP	()	()	()
d. Follows proper channels	PPPP	()	()	()
e. Other	()	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory (X) Needs Improvement () Unsatisfactory ()

Signature of Coach Dave Fitch Date 11/4/05

Signature of Evaluator Scott F. [Signature] Date 11/4/05
(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes (X) No ()

Signature [Signature] Date 11-4-05

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Sheffield Sport Football

Name Jay Fitch Season 2005-2006

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION

	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	PPPP	(((((((
b. Has ability to teach knowledge	PPPP	(((((((
c. Enthusiasm	PPPP	(((((((
d. Has self-control and poise	PPPP	(((((((
e. Control/Discipline of athletes	((((((((((
f. Other	((((((((((
2. Organization				
a. Well planned practices	PPPP	(((((((
b. Care and inventory of equipment	PPPP	(((((((
c. Demonstrates punctuality	PPPP	(((((((
d. Record keeping and reports	PPPP	(((((((
e. Other	PPPP	(((((((
3. Personal Relationships				
a. Rapport with athletes	PPPPPPPP	(((((((
b. Rapport with his/her staff	PPPPPPPP	(((((((
c. Rapport with other sport coaches	PPPPPPPP	(((((((
d. Rapport with officials	PPPPPPPP	(((((((
e. Rapport with parents of athletes	PPPPPPPP	(((((((
f. Rapport with Sports Boosters	PPPPPPPP	(((((((
g. Rapport with Administration	PPPPPPPP	(((((((
h. Rapport with media	PPPPPPPP	(((((((
i. Role model to athletes	PPPPPPPP	(((((((
j. Other	PPPPPPPP	(((((((
4. Administration				
a. Follows rules and policies	PPPP	(((((((
b. Concern for health and safety of students	PPPP	(((((((
c. Supervises students	PPPP	(((((((
d. Follows proper channels	PPPP	(((((((
e. Other	PPPP	(((((((

Additional Comments _____

(Additional comments on the back)

Your services were rated as: Satisfactory (X) Needs Improvement () Unsatisfactory ()

Signature of Coach [Signature] Date 11/10/05

Signature of Evaluator [Signature] Date 11/4/05
(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year.

Yes () No ()

[Signature] Date 11/10/05

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WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Sheffield Sport Football

Name Todd Fitch Season 2005-2006

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION

	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	PPPP	()	()	()
b. Has ability to teach knowledge	PPPP	()	()	()
c. Enthusiasm	PPPP	()	()	()
d. Has self-control and poise	PPPP	()	()	()
e. Control/Discipline of athletes	PPPP	()	()	()
f. Other	()	()	()	()
2. Organization				
a. Well planned practices	PPPP	()	()	()
b. Care and inventory of equipment	PPPP	()	()	()
c. Demonstrates punctuality	PPPP	()	()	PPPP
d. Record keeping and reports	PPPP	()	()	()
e. Other	()	()	()	()
3. Personal Relationships				
a. Rapport with athletes	PPPP	()	()	()
b. Rapport with his/her staff	PPPP	()	()	()
c. Rapport with other sport coaches	PPPP	()	()	()
d. Rapport with officials	PPPP	()	()	()
e. Rapport with parents of athletes	PPPP	()	()	()
f. Rapport with Sports Boosters	PPPP	()	()	()
g. Rapport with Administration	PPPP	()	()	PPPP
h. Rapport with media	PPPP	()	()	()
i. Role model to athletes	PPPP	()	()	()
j. Other	()	()	()	()
4. Administration				
a. Follows rules and policies	PPPP	()	()	()
b. Concern for health and safety of students	PPPP	()	()	()
c. Supervises students	PPPP	()	()	()
d. Follows proper channels	PPPP	()	()	()
e. Other	()	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory (X) Needs Improvement () Unsatisfactory ()

Signature of Coach _____ Date _____

Signature of Evaluator Scott Fitch Date 11/4/05
(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes (X) No ()

Signature _____ Date 11/4/05

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED DEC - 8 2005

COACH EVALUATION FORM

School Sheffield Sport Football

Name Jason Hoffman Season 2005-2006

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION

	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	PPPP	()	()	()
b. Has ability to teach knowledge	PPPP	()	()	()
c. Enthusiasm	PPPP	()	()	()
d. Has self-control and poise	PPPP	()	()	()
e. Control/Discipline of athletes	PPPP	()	()	()
f. Other	()	()	()	()
2. Organization				
a. Well planned practices	PPPP	()	()	()
b. Care and inventory of equipment	PPPP	()	()	()
c. Demonstrates punctuality	PPPP	()	()	()
d. Record keeping and reports	PPPP	()	()	()
e. Other	()	()	()	()
3. Personal Relationships				
a. Rapport with athletes	PPPP	()	()	()
b. Rapport with his/her staff	PPPP	()	()	()
c. Rapport with other sport coaches	PPPP	()	()	()
d. Rapport with officials	PPPP	()	()	()
e. Rapport with parents of athletes	PPPP	()	()	()
f. Rapport with Sports Boosters	PPPP	()	()	()
g. Rapport with Administration	PPPP	()	()	()
h. Rapport with media	PPPP	()	()	()
i. Role model to athletes	PPPP	()	()	()
j. Other	()	()	()	()
4. Administration				
a. Follows rules and policies	PPPP	()	()	()
b. Concern for health and safety of students	PPPP	()	()	()
c. Supervises students	PPPP	()	()	()
d. Follows proper channels	PPPP	()	()	()
e. Other	()	()	()	()

Additional Comments _____

(Additional comments on the back)

Your services were rated as: Satisfactory (X) Needs Improvement () Unsatisfactory ()

Signature of Coach JAH Date 11/4/05

Signature of Evaluator Scott F. [Signature] Date 11/4/05
(Principal or Designee)

IF SATISFACTORY:
I will be available to serve next year. Yes (X) No ()

Signature JAH Date _____

WARREN COUNTY SCHOOL DISTRICT
 Warren, Pennsylvania
COACH EVALUATION FORM

RECEIVED DEC - 8 2005

School Sheffield Area Middle High School Sport Football
 Name Scott Park Season 6-May

Note: S-Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. <u>Instruction</u>				
a. Has knowledge of the sport	x	()	()	()
b. Has ability to teach knowledge	x	()	()	()
c. Enthusiasm	x	()	()	()
d. Has self-control and poise	x	()	()	()
e. Control/Discipline of athletes	x	()	()	()
f. Other	()	()	()	()
2. <u>Organization</u>				
a. Well planned practices	x	()	()	()
b. Care and inventory of equipment	x	()	()	()
c. Demonstrates punctuality	x	()	()	()
d. Record keeping and reports	x	()	()	()
e. Other	()	()	()	()
3. <u>Personal Relationships</u>				
a. Rapport with athletes	x	()	()	()
b. Rapport with his/her staff	x	()	()	()
c. Rapport with other sport coaches	x	()	()	()
d. Rapport with officials	x	()	()	()
e. Rapport with parents of athletes	x	()	()	()
f. Rapport with Sports Boosters	x	()	()	()
g. Rapport with administration	x	()	()	()
h. Rapport with media	x	()	()	()
i. Role model to athletes	x	()	()	()
J. Other	()	()	()	()
4. <u>Administration</u>				
a. Follows rules and policies	x	()	()	()
b. Concern for health and safety of students	x	()	()	()
c. Supervises students	x	()	()	()
d. Follows proper channels	x	()	()	()
e. Other	()	()	()	()

Your services were rated as: Satisfactory (x) Needs Improvement () Unsatisfactory ()

IF SATISFACTORY:

I will be available to serve next year: Yes (x) No ()

Signature of Coach: Scott F. [Signature]

Date: 11-1-05

Signature of Evaluator: Jammie Ewan [Signature]

Date: 11-1-05

Coach Park has invested a great deal of time and effort preparing for our current season. Though the win-loss record does not indicate, he and his staff have attempted to teach the fundamentals of the game of football to his players. Coach park has kept his players eligible through out the season - that being no small accomplishment given the nature of his personnel.

Coach Park has made improvement in his team's care of their inventory. The "drying room" is used regularly and equipment has not been left in the office during the school day.

Coach Park has maintained a positive rapport with his athletes. His improved personal health can only have improved his perception to the school community and his team. Coach Park is to be commended for the strides he has made in improving his health.

Our win-loss record over the recent past, and especially this year is becoming an issue. It is difficult to field a competitive team here at Sheffield High School. Our co-operative agreement with Abraxas High School provides us with an adequate number of athletes; however they are generally not experienced in the game of football. The players from Sheffield who do have a football background are limited. This creates a large but mostly inexperienced team. We will not base a decision on extending or curtailing a coaching contract based upon a win – loss record. We will however look for evidence of:

- Teaching fundamentals of the game to our student-athletes
- Instilling in our student-athletes a sense of pride in our team and school community
- Creating a positive work ethic in our student-athletes
- Treating student-athletes with dignity and respect
- Maintenance of equipment and facilities

We are sure that Coach Park has the energy and ability to address these issues.

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WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Sheffield Sport Football
Name Ben Powers Season 2005-2006

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION

	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	PPPP	(((((((
b. Has ability to teach knowledge	PPPP	(((((((
c. Enthusiasm	PPPP	(((((((
d. Has self-control and poise	PPPP	(((((((
e. Control/Discipline of athletes	PPPP	(((((((
f. Other	PPPP	(((((((
2. Organization				
a. Well planned practices	PPPP	(((	((	PP
b. Care and inventory of equipment	PPPP	(((	((	PP
c. Demonstrates punctuality	PPPP	(((	((	PP
d. Record keeping and reports	PPPP	(((	((	PP
e. Other	PPPP	(((	((	PP
3. Personal Relationships				
a. Rapport with athletes	PPPP	(((	((	PP
b. Rapport with his/her staff	PPPP	(((	((	PP
c. Rapport with other sport coaches	PPPP	(((	((	PP
d. Rapport with officials	PPPP	(((	((	PP
e. Rapport with parents of athletes	PPPP	(((	((	PP
f. Rapport with Sports Boosters	PPPP	(((	((	PP
g. Rapport with Administration	PPPP	(((	((	PP
h. Rapport with media	PPPP	(((	((	PP
i. Role model to athletes	PPPP	(((	((	PP
j. Other	PPPP	(((	((	PP
4. Administration				
a. Follows rules and policies	PPPP	(((	((	PP
b. Concern for health and safety of students	PPPP	(((	((	PP
c. Supervises students	PPPP	(((	((	PP
d. Follows proper channels	PPPP	(((	((	PP
e. Other	PPPP	(((	((	PP

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory (X) Needs Improvement () Unsatisfactory ()

Signature of Coach Benjamin L. Powers Date 11/4/05

Signature of Evaluator Scott F. [Signature] Date 11/4/05
(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes () No ()

Signature _____ Date _____

RECEIVED DEC - 8 2005

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Sheffield Sport Football

Name Ray Smith Season 2005-2006

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	P	()	()	()
b. Has ability to teach knowledge	P	()	()	()
c. Enthusiasm	P	()	()	()
d. Has self-control and poise	P	()	()	()
e. Control/Discipline of athletes	()	()	()	()
f. Other	()	()	()	()
2. Organization				
a. Well planned practices	P	()	()	()
b. Care and inventory of equipment	P	()	()	()
c. Demonstrates punctuality	P	()	()	()
d. Record keeping and reports	P	()	()	()
e. Other	()	()	()	()
3. Personal Relationships				
a. Rapport with athletes	P	()	()	()
b. Rapport with his/her staff	P	()	()	()
c. Rapport with other sport coaches	P	()	()	()
d. Rapport with officials	P	()	()	()
e. Rapport with parents of athletes	P	()	()	()
f. Rapport with Sports Boosters	P	()	()	()
g. Rapport with Administration	P	()	()	()
h. Rapport with media	P	()	()	()
i. Role model to athletes	P	()	()	()
j. Other	()	()	()	()
4. Administration				
a. Follows rules and policies	P	()	()	()
b. Concern for health and safety of students	P	()	()	()
c. Supervises students	P	()	()	()
d. Follows proper channels	P	()	()	()
e. Other	()	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory () Needs Improvement (X) Unsatisfactory ()

Signature of Coach _____ Date _____

Signature of Evaluator Steve F. [Signature] Date 11/9/05
(Principal or Designee)

IF SATISFACTORY:
I will be available to serve next year. Yes () No ()

Signature _____ Date _____

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Sheffield High School Sport Volleyball
Name Chris Skelly Season Fall 2005

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION

	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	S	()	()	()
b. Has ability to teach knowledge	SS	()	()	()
c. Enthusiasm	SSSS	()	()	()
d. Has self-control and poise	SSSS	()	()	()
e. Control/Discipline of athletes	SSSS	()	()	()
f. Other	S	()	()	()
2. Organization				
a. Well planned practices	SSSS	()	()	()
b. Care and inventory of equipment	SSSS	()	()	()
c. Demonstrates punctuality	SSSS	()	()	()
d. Record keeping and reports	SSSS	()	()	()
e. Other	S	()	()	()
3. Personal Relationships				
a. Rapport with athletes	SSSSSS	()	()	()
b. Rapport with his/her staff	SSSSSS	()	()	()
c. Rapport with other sport coaches	SSSSSS	()	()	()
d. Rapport with officials	SSSSSS	()	()	()
e. Rapport with parents of athletes	SSSSSS	()	()	()
f. Rapport with Sports Boosters	SSSSSS	()	()	()
g. Rapport with Administration	SSSSSS	()	()	()
h. Rapport with media	SSSS	()	()	()
i. Role model to athletes	SSSS	()	()	()
j. Other	S	()	()	()
4. Administration				
a. Follows rules and policies	SSSS	()	()	()
b. Concern for health and safety of students	SSSS	()	()	()
c. Supervises students	SSSS	()	()	()
d. Follows proper channels	SSSS	()	()	()
e. Other	S	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory (S) Needs Improvement (SI) Unsatisfactory (U)

Signature of Coach Misty Weber Date 10/30/05

Signature of Evaluator Chris Skelly Date 12/6/05
(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes () No (X)

Signature Chris Skelly Date 12/6/05

RECEIVED DEC - 8 2005

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania
COACH EVALUATION FORM

School Sheffield Area Middle High School Sport Volleyball
 Name Misty Weber Season 6-May

Note: S-Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	x	()	()	()
b. Has ability to teach knowledge	x	()	()	()
c. Enthusiasm	x	()	()	()
d. Has self-control and poise	x	()	()	()
e. Control/Discipline of athletes	x	()	()	()
f. Other	()	()	()	()
2. Organization				
a. Well planned practices	x	()	()	()
b. Care and inventory of equipment	x	()	()	()
c. Demonstrates punctuality	x	()	()	()
d. Record keeping and reports	x	()	()	()
e. Other	()	()	()	()
3. Personal Relationships				
a. Rapport with athletes	x	()	()	()
b. Rapport with his/her staff	x	()	()	()
c. Rapport with other sport coaches	x	()	()	()
d. Rapport with officials	x	()	()	()
e. Rapport with parents of athletes	x	()	()	()
f. Rapport with Sports Boosters	x	()	()	()
g. Rapport with administration	x	()	()	()
h. Rapport with media	x	()	()	()
i. Role model to athletes	x	()	()	()
J. Other	()	()	()	()
4. Administration				
a. Follows rules and policies	x	()	()	()
b. Concern for health and safety of students	x	()	()	()
c. Supervises students	x	()	()	()
d. Follows proper channels	x	()	()	()
e. Other	()	()	()	()

Your services were rated as: Satisfactory (x) Needs Improvement () Unsatisfactory ()

IF SATISFACTORY:
 I will be available to serve next year: Yes () No (x)

Signature of Coach: Misty Weber Date: 11-6/05
 Signature of Evaluator: Jamall Date: 11-1-05

Coach Weber has taken over a volleyball team under the most difficult of circumstances. Her hiring was late, thus giving our team a late start. She followed an exceptional coach and a tremendously talented team, creating an unrealistic comparison for this year's team. Our student-athletes were a challenging group to coach. Coach Weber dealt with personal and discipline issues in a most competent manner.

In several visits to practice sessions, Coach Weber was always found teaching the game to her squad. New systems and philosophies take time to initiate.

Coach Weber was always professional in her dealings with her players. She demonstrated a positive rapport with officials and opponents.

Our volleyball can remain competitive in a challenging conference under the capable direction of Coach Weber.

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED DEC 13 2005

COACH EVALUATION FORM

School Warren Sport Cheerleading
 Name Wendy Carrington Season Fall 05
 Number of Years of Service as: Head Coach 2 Assistant Coach _____

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	XXXX	()	()	()
b. Has ability to teach knowledge	XXXX	()	()	()
c. Enthusiasm	XXXX	()	()	()
d. Has self-control and poise	XXXX	()	()	()
e. Control/Discipline of athletes	XXXX	()	()	()
2. Organization				
a. Well planned practices	XXXX	()	()	()
b. Care and inventory of equipment	XXXX	()	()	()
c. Demonstrates punctuality	XXXX	()	()	()
d. Record keeping and reports	XXXX	()	()	()
3. Personal Relationships				
a. Rapport with athletes	XXXXXX	()	()	()
b. Rapport with his/her staff	XXXXXX	()	()	()
c. Rapport with other sport coaches	XXXXXX	()	()	()
d. Rapport with officials	XXXXXX	()	()	()
e. Rapport with parents of athletes	XXXXXX	()	()	()
f. Rapport with Sports Boosters	XXXXXX	()	()	()
g. Rapport with Administration	XXXXXX	()	()	()
h. Rapport with media	XXXXXX	()	()	X
i. Role model to athletes	XXXXXX	()	()	()
4. Administration				
a. Follows rules and policies	XXXX	()	()	()
b. Concern for health and safety of students	XXXX	()	()	()
c. Supervises students	XXXX	()	()	()
d. Follows proper channels	XXXX	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement () Unsatisfactory ()

Signature of Coach Wendy Carrington Date _____

Signature of Evaluator [Signature] Date 12/6/05

Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes () No ()

Signature _____ Date _____

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED DEC 1 2 2005

COACH EVALUATION FORM

Name Shona Hagerthy Sport Cheerleading
 School Warren High Season Fall 05

Number of Years of Service as: Head Coach _____ Assistant Coach 1

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	X	()	()	()
b. Has ability to teach knowledge	X	()	()	()
c. Enthusiasm	X	()	()	()
d. Has self-control and poise	X	()	()	()
e. Control/Discipline of athletes	X	()	()	()
2. Organization				
a. Well planned practices	X	()	()	()
b. Care and inventory of equipment	X	()	()	()
c. Demonstrates punctuality	X	()	()	()
d. Record keeping and reports	X	()	()	()
3. Personal Relationships				
a. Rapport with athletes	X	()	()	()
b. Rapport with his/her staff	X	()	()	()
c. Rapport with other sport coaches	X	()	()	()
d. Rapport with officials	X	()	()	()
e. Rapport with parents of athletes	X	()	()	()
f. Rapport with Sports Boosters	X	()	()	()
g. Rapport with Administration	X	()	()	()
h. Rapport with media	X	()	()	X
i. Role model to athletes	X	()	()	()
4. Administration				
a. Follows rules and policies	X	()	()	()
b. Concern for health and safety of students	X	()	()	()
c. Supervises students	X	()	()	()
d. Follows proper channels	X	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement () Unsatisfactory ()

Signature of Coach Shona Hagerthy Date 12/6/05

Signature of Evaluator [Signature] Date 12/6/05
 Principal's Signature [Signature]

IF SATISFACTORY:

I will be available to serve next year. Yes No ()

Signature Shona Hagerthy Date 12/6/05

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED DEC 13 2005

COACH EVALUATION FORM

School Warren Sport Cheerleading
 Name Molly Sanderker Season Fall 05
 Number of Years of Service as: Head Coach _____ Assistant Coach 2

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	X	()	()	()
b. Has ability to teach knowledge	X	()	()	()
c. Enthusiasm	X	()	()	()
d. Has self-control and poise	X	()	()	()
e. Control/Discipline of athletes	X	()	()	()
2. Organization				
a. Well planned practices	X	()	()	()
b. Care and inventory of equipment	X	()	()	()
c. Demonstrates punctuality	X	()	()	()
d. Record keeping and reports	X	()	()	()
3. Personal Relationships				
a. Rapport with athletes	X	()	()	()
b. Rapport with his/her staff	X	()	()	()
c. Rapport with other sport coaches	X	()	()	()
d. Rapport with officials	X	()	()	()
e. Rapport with parents of athletes	X	()	()	()
f. Rapport with Sports Boosters	X	()	()	()
g. Rapport with Administration	X	()	()	()
h. Rapport with media	X	()	()	X
i. Role model to athletes	X	()	()	()
4. Administration				
a. Follows rules and policies	X	()	()	()
b. Concern for health and safety of students	X	()	()	()
c. Supervises students	X	()	()	()
d. Follows proper channels	X	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement () Unsatisfactory ()

Signature of Coach _____ Date _____

Signature of Evaluator _____ Date 12/6/05

Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes () No

Signature _____ Date _____

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WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School WAHS Sport Football

Name Paul Wood Season Fall 05

Number of Years of Service as: Head Coach _____ Assistant Coach _____

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. <u>Instruction</u>				
a. Has knowledge of the sport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has ability to teach knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has self-control and poise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Control/Discipline of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Organization</u>				
a. Well planned practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Care and inventory of equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record keeping and reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Personal Relationships</u>				
a. Rapport with athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rapport with his/her staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rapport with other sport coaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rapport with officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rapport with parents of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rapport with Sports Boosters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Rapport with Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Rapport with media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Role model to athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Administration</u>				
a. Follows rules and policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Concern for health and safety of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervises students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Follows proper channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: Paul does a great job

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement Unsatisfactory

Signature of Coach _____ Date _____

Signature of Evaluator [Signature] Date _____
Principal's Signature

IF SATISFACTORY:

I will be available to serve next year Yes No

Signature Paul A Wood Date 11/18/05

RECEIVED DEC 13 2005

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School WATS Sport Ftball

Name Paul Gupta Season Fall '05

Number of Years of Service as: Head Coach _____ Assistant Coach _____

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has ability to teach knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has self-control and poise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Control/Discipline of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organization				
a. Well planned practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Care and inventory of equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record keeping and reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Relationships				
a. Rapport with athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rapport with his/her staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rapport with other sport coaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rapport with officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rapport with parents of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Rapport with Sports Boosters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Rapport with Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Rapport with media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Role model to athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Administration				
a. Follows rules and policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Concern for health and safety of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervises students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Follows proper channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: Paul has been my sidekick for a long time.
He makes coaching a great deal of fun.
(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement Unsatisfactory

Signature of Coach _____ Date _____

Signature of Evaluator [Signature] Date 11/15/05
Principal's Signature _____

IF SATISFACTORY:

I will be available to serve next year. Yes No

Signature [Signature] Date _____

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED 11 13 2005

COACH EVALUATION FORM

School WARR Sport Football

Name Don Trubic Season Fall '05

Number of Years of Service as: Head Coach _____ Assistant Coach _____

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	S	()	()	()
b. Has ability to teach knowledge	S	()	()	()
c. Enthusiasm	S	()	()	()
d. Has self-control and poise	S	()	()	()
e. Control/Discipline of athletes	S	()	()	()
2. Organization				
a. Well planned practices	S	()	()	()
b. Care and inventory of equipment	S	()	()	()
c. Demonstrates punctuality	S	()	()	()
d. Record keeping and reports	S	()	()	()
3. Personal Relationships				
a. Rapport with athletes	S	()	()	()
b. Rapport with his/her staff	S	()	()	()
c. Rapport with other sport coaches	S	()	()	()
d. Rapport with officials	S	()	()	()
e. Rapport with parents of athletes	S	()	()	()
f. Rapport with Sports Boosters	S	()	()	()
g. Rapport with Administration	S	()	()	()
h. Rapport with media	S	()	()	()
i. Role model to athletes	S	()	()	()
4. Administration				
a. Follows rules and policies	S	()	()	()
b. Concern for health and safety of students	S	()	()	()
c. Supervises students	S	()	()	()
d. Follows proper channels	S	()	()	()

Additional Comments: Don is a great coach.

(Additional comments on the back)

Your services were rated as: Satisfactory (✓) Needs Improvement () Unsatisfactory ()

Signature of Coach _____ Date _____

Signature of Evaluator [Signature] Date 11/15/05
Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes () No ()

Signature Donald K Trubic Date 11/18/05

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WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School WATTS Sport Football

Name Mike Davis Season WATTS 05

Number of Years of Service as: Head Coach _____ Assistant Coach _____

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	(S)	()	()	()
b. Has ability to teach knowledge	(S)	()	()	()
c. Enthusiasm	(S)	()	()	()
d. Has self-control and poise	(S)	()	()	()
e. Control/Discipline of athletes	(S)	()	()	()
2. Organization				
a. Well planned practices	()	()	()	(S)
b. Care and inventory of equipment	()	()	()	(S)
c. Demonstrates punctuality	()	()	()	(S)
d. Record keeping and reports	()	()	()	(S)
3. Personal Relationships				
a. Rapport with athletes	(S)	()	()	()
b. Rapport with his/her staff	(S)	()	()	()
c. Rapport with other sport coaches	(S)	()	()	()
d. Rapport with officials	(S)	()	()	()
e. Rapport with parents of athletes	(S)	()	()	()
f. Rapport with Sports Boosters	(S)	()	()	(S)
g. Rapport with Administration	(S)	()	()	(S)
h. Rapport with media	(S)	()	()	(S)
i. Role model to athletes	(S)	()	()	()
4. Administration				
a. Follows rules and policies	(S)	()	()	()
b. Concern for health and safety of students	(S)	()	()	()
c. Supervises students	(S)	()	()	()
d. Follows proper channels	(S)	()	()	()

Additional Comments: Mike does a fine job. His regular job was a conflict at times.
(Additional comments on the back)

Your services were rated as: Satisfactory (S) Needs Improvement () Unsatisfactory ()

Signature of Coach _____ Date _____

Signature of Evaluator _____ Date 11/15/05

Principal's Signature _____

IF SATISFACTORY: I will be available to serve next year. Yes () No ()

Signature _____ Date _____

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED 11/15/05

COACH EVALUATION FORM

School Warren Sport Cross-Country
 Name Sheldon Nuhfer Season Fall 05
 Number of Years of Service as: Head Coach 2 Assistant Coach _____

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION

	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	XXXX	()	()	()
b. Has ability to teach knowledge	XXXX	()	()	()
c. Enthusiasm	XXXX	()	()	()
d. Has self-control and poise	XXXX	()	()	()
e. Control/Discipline of athletes	XXXX	()	()	()
2. Organization				
a. Well planned practices	XXXX	()	()	()
b. Care and inventory of equipment	XXXX	()	()	()
c. Demonstrates punctuality	XXXX	()	()	()
d. Record keeping and reports	XXXX	()	()	()
3. Personal Relationships				
a. Rapport with athletes	XXXX	()	()	()
b. Rapport with his/her staff	XXXX	()	()	()
c. Rapport with other sport coaches	XXXX	()	()	()
d. Rapport with officials	XXXX	()	()	XXXX
e. Rapport with parents of athletes	XXXX	()	()	()
f. Rapport with Sports Boosters	XXXX	()	()	()
g. Rapport with Administration	XXXX	()	()	()
h. Rapport with media	XXXX	()	()	()
i. Role model to athletes	XXXX	()	()	()
4. Administration				
a. Follows rules and policies	XXXX	()	()	()
b. Concern for health and safety of students	XXXX	()	()	()
c. Supervises students	XXXX	()	()	()
d. Follows proper channels	XXXX	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement () Unsatisfactory ()

Signature of Coach Sheldon Nuhfer Date 11/5/05

Signature of Evaluator [Signature] Date 11/2/05
Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes No ()

Signature Sheldon Nuhfer Date 11/5/05

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED DEC - 11 - 05

COACH EVALUATION FORM

School WARREN Sport CROSS-COUNTRY
 Name SHELEY NUNFER Season 2005
 Number of Years of Service as: Head Coach _____ Assistant Coach X

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	\$\$\$	()	()	()
b. Has ability to teach knowledge	\$\$\$	()	()	()
c. Enthusiasm	\$\$\$	()	()	()
d. Has self-control and poise	\$\$\$	()	()	()
e. Control/Discipline of athletes	\$\$\$	()	()	()
2. Organization				
a. Well planned practices	\$\$\$	()	()	()
b. Care and inventory of equipment	\$\$\$	()	()	()
c. Demonstrates punctuality	\$\$\$	()	()	()
d. Record keeping and reports	\$\$\$	()	()	()
3. Personal Relationships				
a. Rapport with athletes	\$\$\$	()	()	()
b. Rapport with his/her staff	\$\$\$	()	()	()
c. Rapport with other sport coaches	\$\$\$	()	()	()
d. Rapport with officials	\$\$\$	()	()	()
e. Rapport with parents of athletes	\$\$\$	()	()	()
f. Rapport with Sports Boosters	\$\$\$	()	()	()
g. Rapport with Administration	\$\$\$	()	()	()
h. Rapport with media	\$\$\$	()	()	()
i. Role model to athletes	\$\$\$	()	()	()
4. Administration				
a. Follows rules and policies	\$\$\$	()	()	()
b. Concern for health and safety of students	\$\$\$	()	()	()
c. Supervises students	\$\$\$	()	()	()
d. Follows proper channels	\$\$\$	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory (X) Needs Improvement () Unsatisfactory ()

Signature of Coach Shelley Nunfer Date _____

Signature of Evaluator _____ Date _____

Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes (X) No ()

Signature Shelley Nunfer Date _____

RECEIVED DEC - 1 2005

COACH EVALUATION FORM

School Warren Sport Football
 Name Jeff Flickner Season 2005
 Number of Years of Service as: Head Coach _____ Assistant Coach _____

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	X	()	()	()
b. Has ability to teach knowledge	X	()	()	()
c. Enthusiasm	X	()	()	()
d. Has self-control and poise	X	()	()	()
e. Control/Discipline of athletes	X	()	()	()
2. Organization				
a. Well planned practices	X	()	()	()
b. Care and inventory of equipment	X	()	()	()
c. Demonstrates punctuality	X	()	()	()
d. Record keeping and reports	X	()	()	()
3. Personal Relationships				
a. Rapport with athletes	X	()	()	()
b. Rapport with his/her staff	X	()	()	()
c. Rapport with other sport coaches	X	()	()	()
d. Rapport with officials	X	()	()	()
e. Rapport with parents of athletes	X	()	()	()
f. Rapport with Sports Boosters	X	()	()	()
g. Rapport with Administration	X	()	()	()
h. Rapport with media	X	()	()	()
i. Role model to athletes	X	()	()	()
4. Administration				
a. Follows rules and policies	X	()	()	()
b. Concern for health and safety of students	X	()	()	()
c. Supervises students	X	()	()	()
d. Follows proper channels	X	()	()	()

Additional Comments: Outstanding individual. Will be a hard person to replace.
 (Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement () Unsatisfactory ()

Signature of Coach [Signature] Date 11/22/05

Signature of Evaluator [Signature] Date 11/30/05
 Principal's Signature _____

IF SATISFACTORY:

I will be available to serve next year. Yes () No

Signature [Signature] Date 11/30/05

RECEIVED DEC - 1 2005

COACH EVALUATION FORM

School WAHS Sport GOLF BOYS
 Name DICK JONES Season 2005
 Number of Years of Service as: Head Coach _____ Assistant Coach 6

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	\$\$\$	()	()	()
b. Has ability to teach knowledge	\$\$\$	()	()	()
c. Enthusiasm	\$\$\$	()	()	()
d. Has self-control and poise	\$\$\$	()	()	()
e. Control/Discipline of athletes	\$\$\$	()	()	()
2. Organization				
a. Well planned practices	\$\$\$	()	()	()
b. Care and inventory of equipment	\$\$\$	()	()	()
c. Demonstrates punctuality	\$\$\$	()	()	()
d. Record keeping and reports	\$\$\$	()	()	()
3. Personal Relationships				
a. Rapport with athletes	\$\$\$	()	()	()
b. Rapport with his/her staff	\$\$\$	()	()	()
c. Rapport with other sport coaches	\$\$\$	()	()	()
d. Rapport with officials	\$\$\$	()	()	()
e. Rapport with parents of athletes	\$\$\$	()	()	()
f. Rapport with Sports Boosters	\$\$\$	()	()	()
g. Rapport with Administration	\$\$\$	()	()	()
h. Rapport with media	\$\$\$	()	()	()
i. Role model to athletes	\$\$\$	()	()	()
4. Administration				
a. Follows rules and policies	\$\$\$	()	()	()
b. Concern for health and safety of students	\$\$\$	()	()	()
c. Supervises students	\$\$\$	()	()	()
d. Follows proper channels	\$\$\$	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory (X) Needs Improvement () Unsatisfactory ()

Signature of Coach Dick Jones Date 10-24-05

Signature of Evaluator _____ Date _____
 Principal's Signature _____

IF SATISFACTORY:

I will be available to serve next year. Yes () No ()

Signature _____ Date _____

COACH EVALUATION FORM

School Warren High Sport Boys' Golf

Name Dan Passmore Season Fall 05

Number of Years of Service as: Head Coach _____ Assistant Coach _____

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	XXXX	()	()	()
b. Has ability to teach knowledge	XXXX	()	()	()
c. Enthusiasm	XXXX	()	()	()
d. Has self-control and poise	XXXX	()	()	()
e. Control/Discipline of athletes	XXXX	()	()	()
2. Organization				
a. Well planned practices	XXXX	()	()	()
b. Care and inventory of equipment	XXXX	()	()	()
c. Demonstrates punctuality	XXXX	()	()	()
d. Record keeping and reports	XXXX	()	()	()
3. Personal Relationships				
a. Rapport with athletes	XXXX	()	()	()
b. Rapport with his/her staff	XXXX	()	()	()
c. Rapport with other sport coaches	XXXX	()	()	()
d. Rapport with officials	XXXX	()	()	XXXX
e. Rapport with parents of athletes	XXXX	()	()	()
f. Rapport with Sports Boosters	XXXX	()	()	()
g. Rapport with Administration	XXXX	()	()	()
h. Rapport with media	XXXX	()	()	()
i. Role model to athletes	XXXX	()	()	()
4. Administration				
a. Follows rules and policies	XXXX	()	()	()
b. Concern for health and safety of students	XXXX	()	()	()
c. Supervises students	XXXX	()	()	()
d. Follows proper channels	XXXX	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement () Unsatisfactory ()

Signature of Coach _____ Date _____

Signature of Evaluator [Signature] Date 11/2/05

Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes () No ()

Signature [Signature] Date 11-30-05

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

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COACH EVALUATION FORM

School WAHS Sport GIRLS GOLF

Name GRACE BACKSTROM Season FALL

Number of Years of Service as: Head Coach _____ Assistant Coach 2

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	\$\$\$	()	()	()
b. Has ability to teach knowledge	\$\$\$	()	()	()
c. Enthusiasm	\$\$\$	()	()	()
d. Has self-control and poise	\$\$\$	()	()	()
e. Control/Discipline of athletes	\$\$\$	()	()	()
2. Organization				
a. Well planned practices	\$\$\$	()	()	()
b. Care and inventory of equipment	\$\$\$	()	()	()
c. Demonstrates punctuality	\$\$\$	()	()	()
d. Record keeping and reports	\$\$\$	()	()	()
3. Personal Relationships				
a. Rapport with athletes	\$\$\$\$	()	()	()
b. Rapport with his/her staff	\$\$\$\$	()	()	()
c. Rapport with other sport coaches	\$\$\$\$	()	()	()
d. Rapport with officials	\$\$\$\$	()	()	()
e. Rapport with parents of athletes	\$\$\$\$	()	()	()
f. Rapport with Sports Boosters	\$\$\$\$	()	()	()
g. Rapport with Administration	\$\$\$\$	()	()	()
h. Rapport with media	\$\$\$\$	()	()	()
i. Role model to athletes	\$\$\$\$	()	()	()
4. Administration				
a. Follows rules and policies	\$\$\$	()	()	()
b. Concern for health and safety of students	\$\$\$	()	()	()
c. Supervises students	\$\$\$	()	()	()
d. Follows proper channels	\$\$\$	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement () Unsatisfactory ()

Signature of ^{Evaluator} Coach Philip E Heubach Date 10/23/05

Signature of ^{Coach} Evaluator Grace A Backstrom Date 10/23/05
Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes No ()

Signature Grace A Backstrom Date 10/23/05

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

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COACH EVALUATION FORM

School Warren High Sport Girls Golf
 Name Heubeck, Phil Season Fall 05
 Number of Years of Service as: Head Coach 2 Assistant Coach _____

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	X	()	()	()
b. Has ability to teach knowledge	X	()	()	()
c. Enthusiasm	X	()	()	()
d. Has self-control and poise	X	()	()	()
e. Control/Discipline of athletes	X	()	()	()
2. Organization				
a. Well planned practices	X	()	()	()
b. Care and inventory of equipment	X	()	()	()
c. Demonstrates punctuality	X	()	()	()
d. Record keeping and reports	X	()	()	()
3. Personal Relationships				
a. Rapport with athletes	X	()	()	()
b. Rapport with his/her staff	X	()	()	()
c. Rapport with other sport coaches	X	()	()	()
d. Rapport with officials	X	()	()	X
e. Rapport with parents of athletes	X	()	()	()
f. Rapport with Sports Boosters	X	()	()	()
g. Rapport with Administration	X	()	()	()
h. Rapport with media	X	()	()	()
i. Role model to athletes	X	()	()	()
4. Administration				
a. Follows rules and policies	X	()	()	()
b. Concern for health and safety of students	X	()	()	()
c. Supervises students	X	()	()	()
d. Follows proper channels	X	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement () Unsatisfactory ()

Signature of Coach _____ Date _____

Signature of Evaluator [Signature] Date 11/2/05

Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes () No ()

Signature Phil Heubeck Date 11-30-05

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School WAHS Sport BOYS SOCCER

Name BOB DOMVILLE Season 2005

Number of Years of Service as: Head Coach _____ Assistant Coach 8

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION

	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has ability to teach knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has self-control and poise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Control/Discipline of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organization				
a. Well planned practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Care and inventory of equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record keeping and reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Relationships				
a. Rapport with athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rapport with his/her staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rapport with other sport coaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rapport with officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rapport with parents of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rapport with Sports Boosters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Rapport with Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Rapport with media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Role model to athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Administration				
a. Follows rules and policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Concern for health and safety of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervises students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Follows proper channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: The program is lucky to have Bob

as one of its coaches. He is an excellent, exceptional coach.

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement Unsatisfactory

Signature of Coach _____ Date _____

Signature of Evaluator Mark Swan Date 10/26/05

Principal's Signature

IF SATISFACTORY:

I will be available to serve next year: Yes No

Signature Robert Dunbar Date 10/27/05

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COACH EVALUATION FORM

School Warren High Sport Boys Soccer

Name Mark Evans Season Fall 05

Number of Years of Service as: Head Coach _____ Assistant Coach _____

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	X	()	()	()
b. Has ability to teach knowledge	X	()	()	()
c. Enthusiasm	X	()	()	()
d. Has self-control and poise	X	()	()	()
e. Control/Discipline of athletes	X	()	()	()
2. Organization				
a. Well planned practices	X	()	()	()
b. Care and inventory of equipment	X	()	()	()
c. Demonstrates punctuality	X	()	()	()
d. Record keeping and reports	X	()	()	()
3. Personal Relationships				
a. Rapport with athletes	X	()	()	()
b. Rapport with his/her staff	X	()	()	()
c. Rapport with other sport coaches	X	()	()	()
d. Rapport with officials	X	()	()	()
e. Rapport with parents of athletes	X	()	()	()
f. Rapport with Sports Boosters	X	()	()	()
g. Rapport with Administration	X	()	()	()
h. Rapport with media	X	()	()	()
i. Role model to athletes	X	()	()	()
4. Administration				
a. Follows rules and policies	X	()	()	()
b. Concern for health and safety of students	X	()	()	()
c. Supervises students	X	()	()	()
d. Follows proper channels	X	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement () Unsatisfactory ()

Signature of Coach Mark Evans Date 11/26/05

Signature of Evaluator James D. Hill Date 11/2/05
Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes No ()

Signature Mark Evans Date 11/26/05

RECEIVED DEC - 1 2005

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Warren High Sport Girls' Soccer

Name Bill Kulinski Season Fall 05

Number of Years of Service as: Head Coach _____ Assistant Coach _____

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has ability to teach knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has self-control and poise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Control/Discipline of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organization				
a. Well planned practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Care and inventory of equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record keeping and reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Relationships				
a. Rapport with athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rapport with his/her staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rapport with other sport coaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rapport with officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rapport with parents of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rapport with Sports Boosters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Rapport with Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Rapport with media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Role model to athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Administration				
a. Follows rules and policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Concern for health and safety of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervises students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Follows proper channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement Unsatisfactory

Signature of Coach William F. Kulinski Date 11-3-05

Signature of Evaluator [Signature] Date 11/2/05
Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes No

Signature William F. Kulinski Date 11-3-05

Warren Area High School

Warren County School District
345 East Fifth Avenue
Warren, Pennsylvania 16365-4399
Phone: 814/723-3370
FAX: 814/726-3126

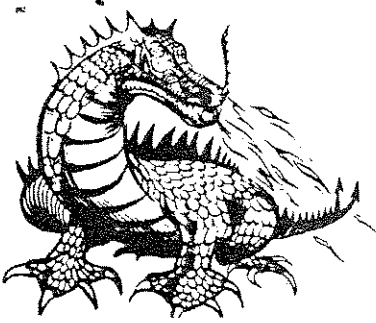
Striving for Excellence

JAMES A. MILLER
PRINCIPAL

WILLIAM H. SULLIVAN
ASSISTANT PRINCIPAL

THOMAS R. ALLISON
ASSISTANT PRINCIPAL

JEFFREY F. WHITE
ATHLETIC COORDINATOR



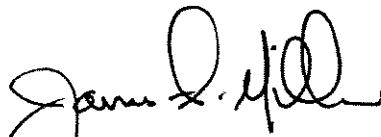
Coach Bill Kulinski:


Congratulations to you, staff, and members of the Girls' Soccer team for making the District Ten Soccer Play-offs. It is a tribute to the program and yourself that this accomplishment was made and the team represented itself respectfully throughout the season.

At the conclusion of last season, several recommendations were made that needed to be implemented and several changes needed to be made. Through the observations of me and Mr. White, we feel that you have addressed all of the issues and concerns that were listed in our recommendations:

- Parent meeting was held on Friday, August 19, 2005 at 5:50 P.M. for all parents and players. Rules and expectations were passed out to each parent and player.
- Expectations for proper dress at practices were reviewed and discussed at this parent meeting.
- An e-mail received by Mr. White demonstrated that you would and did notify either myself or Mr. White of any parent concerns or complaints that you received. To date there were no other concerns or complaints issued by a parent or player.
- It is evident through the attendance of your organized practices and camps that your knowledge of the game is ever growing.
- At no time in any manner were you observed making physical contact with your players at either practice or a game that would be considered outside normal coaching expectations.
- It is to your credit that not once did Mr. White or I receive a complaint from a parent about how you dealt with the players on the soccer team during the 2005 soccer season.

I would like to again congratulate you and your team on the success achieved. Please continue to be pro active in how you deal with the members of you team and their parents.


James Miller
Principal


Jeffrey White
Athletic Coordinator

COACH EVALUATION FORM

School Warren High Sport Girls' Soccer
 Name Bill Kulinski Season Fall 05
 Number of Years of Service as: Head Coach _____ Assistant Coach _____

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has ability to teach knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has self-control and poise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Control/Discipline of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organization				
a. Well planned practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Care and inventory of equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record keeping and reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Relationships				
a. Rapport with athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rapport with his/her staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rapport with other sport coaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rapport with officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rapport with parents of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rapport with Sports Boosters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Rapport with Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Rapport with media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Role model to athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Administration				
a. Follows rules and policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Concern for health and safety of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervises students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Follows proper channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement Unsatisfactory

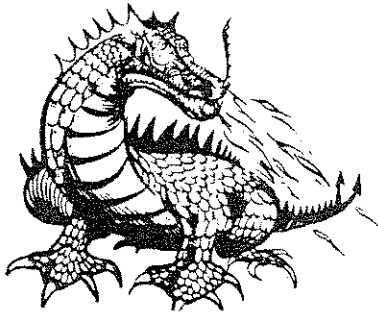
Signature of Coach William F. Kulinski Date 11-3-05

Signature of Evaluator [Signature] Date 11/2/05
 Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes No

Signature William F. Kulinski Date 11-3-05



Warren Area High School

Warren County School District
345 East Fifth Avenue
Warren, Pennsylvania 16365-4399
Phone: 814/723-3370
FAX: 814/726-3126

Striving for Excellence

JAMES A. MILLER
PRINCIPAL

WILLIAM H. SULLIVAN
ASSISTANT PRINCIPAL

THOMAS R. ALLISON
ASSISTANT PRINCIPAL

JEFFREY F. WHITE
ATHLETIC COORDINATOR

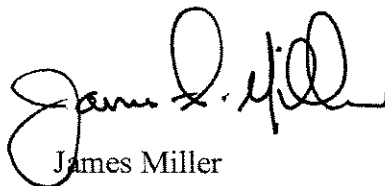
Coach Bill Kulinski:


Congratulations to you, staff, and members of the Girls' Soccer team for making the District Ten Soccer Play-offs. It is a tribute to the program and yourself that this accomplishment was made and the team represented itself respectfully throughout the season.

At the conclusion of last season, several recommendations were made that needed to be implemented and several changes needed to be made. Through the observations of me and Mr. White, we feel that you have addressed all of the issues and concerns that were listed in our recommendations:

- Parent meeting was held on Friday, August 19, 2005 at 5:50 P.M. for all parents and players. Rules and expectations were passed out to each parent and player.
- Expectations for proper dress at practices were reviewed and discussed at this parent meeting.
- An e-mail received by Mr. White demonstrated that you would and did notify either myself or Mr. White of any parent concerns or complaints that you received. To date there were no other concerns or complaints issued by a parent or player.
- It is evident through the attendance of your organized practices and camps that your knowledge of the game is ever growing.
- At no time in any manner were you observed making physical contact with your players at either practice or a game that would be considered outside normal coaching expectations.
- It is to your credit that not once did Mr. White or I receive a complaint from a parent about how you dealt with the players on the soccer team during the 2005 soccer season.

I would like to again congratulate you and your team on the success achieved. Please continue to be pro active in how you deal with the members of you team and their parents.


James Miller
Principal


Jeffrey White
Athletic Coordinator

RECEIVED DEC - 1 2005

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School WARREN AREA H.S. Sport GIRL'S SOCCER

Name AMY YAEGLER Season 2005 FALL

Number of Years of Service as: Head Coach _____ Assistant Coach 3

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. <u>Instruction</u>				
a. Has knowledge of the sport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has ability to teach knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has self-control and poise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Control/Discipline of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Organization</u>				
a. Well planned practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Care and inventory of equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record keeping and reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Personal Relationships</u>				
a. Rapport with athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rapport with his/her staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rapport with other sport coaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rapport with officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rapport with parents of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rapport with Sports Boosters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Rapport with Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Rapport with media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Role model to athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Administration</u>				
a. Follows rules and policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Concern for health and safety of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervises students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Follows proper channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory () Needs Improvement () Unsatisfactory ()

Signature of Coach _____ Date _____

Signature of Evaluator William F. Kuhlisch Date 11-1-05
Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes () No ()

Signature Amy B. Yaeger Date 11-1-05

RECEIVED DEC - 1 2005

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School WARREN AREA H.S. Sport GIRL'S SOCCER
Name AMY YAEGLER Season 2005 FALL
Number of Years of Service as: Head Coach _____ Assistant Coach 3

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION

1. Instruction

- | | S | SI | U | NA |
|-----------------------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| a. Has knowledge of the sport | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Has ability to teach knowledge | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Enthusiasm | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Has self-control and poise | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Control/Discipline of athletes | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. Organization

- | | | | | |
|------------------------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| a. Well planned practices | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Care and inventory of equipment | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Demonstrates punctuality | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Record keeping and reports | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Personal Relationships

- | | | | | |
|-------------------------------------|----------------------------------|----------------------------------|-----------------------|-----------------------|
| a. Rapport with athletes | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Rapport with his/her staff | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Rapport with other sport coaches | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Rapport with officials | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Rapport with parents of athletes | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Rapport with Sports Boosters | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Rapport with Administration | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Rapport with media | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Role model to athletes | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Administration

- | | | | | |
|--|----------------------------------|-----------------------|-----------------------|-----------------------|
| a. Follows rules and policies | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Concern for health and safety of students | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Supervises students | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Follows proper channels | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement Unsatisfactory

Signature of Coach _____ Date _____

Signature of Evaluator William F. Kuhlisch Date 11-1-05
~~Principal's Signature~~

IF SATISFACTORY:

I will be available to serve next year. Yes No

Signature Amy B Yaeger Date 11-1-05

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED DEC - 1 2005

COACH EVALUATION FORM

School Warren High Sport Girls Tennis
Name Norma Dziendziel Season Fall 05
Number of Years of Service as: Head Coach 1 Assistant Coach _____

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	XXXX	()	()	()
b. Has ability to teach knowledge	XXXX	()	()	()
c. Enthusiasm	XXXX	()	()	()
d. Has self-control and poise	XXXX	()	()	()
e. Control/Discipline of athletes	XXXX	()	()	()
2. Organization				
a. Well planned practices	XXXX	()	()	()
b. Care and inventory of equipment	XXXX	()	()	()
c. Demonstrates punctuality	XXXX	()	()	()
d. Record keeping and reports	XXXX	()	()	()
3. Personal Relationships				
a. Rapport with athletes	XXXX	()	()	()
b. Rapport with his/her staff	XXXX	()	()	()
c. Rapport with other sport coaches	XXXX	()	()	()
d. Rapport with officials	XXXX	()	()	()
e. Rapport with parents of athletes	XXXX	()	()	XXXX
f. Rapport with Sports Boosters	XXXX	()	()	()
g. Rapport with Administration	XXXX	()	()	()
h. Rapport with media	XXXX	()	()	()
i. Role model to athletes	XXXX	()	()	()
4. Administration				
a. Follows rules and policies	XXXX	()	()	()
b. Concern for health and safety of students	XXXX	()	()	()
c. Supervises students	XXXX	()	()	()
d. Follows proper channels	XXXX	()	()	()

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement () Unsatisfactory ()

Signature of Coach Norma Dziendziel Date 11/30/05

Signature of Evaluator James L. Hill Date 11/2/05

Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes No ()

Signature Norma Dziendziel Date 11/30/05

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School WAHS Sport Girls Tennis
 Name Sally Moldovan Season Fall 2005
 Number of Years of Service as: Head Coach _____ Assistant Coach X

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Has ability to teach knowledge	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Enthusiasm	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Has self-control and poise	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Control/Discipline of athletes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Organization				
a. Well planned practices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Care and inventory of equipment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Demonstrates punctuality	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Record keeping and reports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Personal Relationships				
a. Rapport with athletes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Rapport with his/her staff	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Rapport with other sport coaches	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Rapport with officials	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Rapport with parents of athletes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Rapport with Sports Boosters	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Rapport with Administration	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Rapport with media	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Role model to athletes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Administration				
a. Follows rules and policies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Concern for health and safety of students	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Supervises students	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Follows proper channels	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments: Sally is wonderful and a great asset
to the program.
 (Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement Unsatisfactory

Signature of Coach N. Dziedziel Date 10.22.05

Signature of Evaluator _____ Date _____
 Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes No

Signature Sally Moldovan Date 11/18/05

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Warren High School Sport Volleyball

Name Patty Horner Season Fall 05

Number of Years of Service as: Head Coach _____ Assistant Coach X

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has ability to teach knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has self-control and poise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Control/Discipline of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organization				
a. Well planned practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Care and inventory of equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record keeping and reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Relationships				
a. Rapport with athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rapport with his/her staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rapport with other sport coaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Rapport with officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rapport with parents of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rapport with Sports Boosters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Rapport with Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Rapport with media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Role model to athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Administration				
a. Follows rules and policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Concern for health and safety of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervises students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Follows proper channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: Patty was a great addition this year.

(Additional comments on the back)

Your services were rated as: Satisfactory Needs Improvement Unsatisfactory

Signature of Coach Patty Horner Date 11/23/05

Signature of Evaluator [Signature] Date 11/23/05
Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes No

Signature _____ Date _____

RECEIVED DEC - 1 2005

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Warren High Sport Volleyball

Name Scott Olsen Season 05 Fall

Number of Years of Service as: Head Coach _____ Assistant Coach _____

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable

PERFORMANCE EVALUATION	S	SI	U	NA
1. Instruction				
a. Has knowledge of the sport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has ability to teach knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has self-control and poise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Control/Discipline of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organization				
a. Well planned practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Care and inventory of equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record keeping and reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Relationships				
a. Rapport with athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rapport with his/her staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rapport with other sport coaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rapport with officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rapport with parents of athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rapport with Sports Boosters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Rapport with Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Rapport with media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Role model to athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Administration				
a. Follows rules and policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Concern for health and safety of students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervises students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Follows proper channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

(Additional comments on the back)

Your services were rated as: Satisfactory () Needs Improvement () Unsatisfactory ()

Signature of Coach [Signature] Date _____

Signature of Evaluator [Signature] Date 11/2/05

Principal's Signature [Signature]

IF SATISFACTORY:

I will be available to serve next year. Yes () No ()

Signature _____ Date _____