

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 21 2006

COACH EVALUATION FORM

School Beatty Middle School Sport Boys Basketball

Name Rick Eaton Season 05-06

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

(5th Grade)

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 (X) Needs Improvement () Unsatisfactory ()

Signature of Coach [Signature] Date _____

Signature of Evaluator Nancy Ondrasch Date 3/14/06

Principal's Signature

IF SATISFACTORY:

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

Signature Richard E. Eaton Date 3-8-06

2/13

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 21 2006

COACH EVALUATION FORM

School Beatty Middle School Sport Boys Basketball

Name Jeanna Morrison Season 05-06

Number of Years of Service as: Head Coach 7th Grade 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	(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. <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)	()	()	()
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)	()	()	()
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)	()	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach Jeanna M. Morrison Date 3/10/06

Signature of Evaluator Nancy Ondraich Date 3/14/06

Principal's Signature _____

IF SATISFACTORY:

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

Signature Jeanna M. Date 3/10/06

JKB

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WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Beatty Middle School Sport Boys Basketball

Name Ed Nowicki Season 05-06

Number of Years of Service as: Head Coach _____ Assistant Coach *
(7th grade)

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)	()	()	()
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)	()	()	()
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)	()	()	()
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)	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach _____ Date _____

Signature of Evaluator Nancy Ondrasch Date 3/14/06

Principal's Signature

IF SATISFACTORY:

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

Signature [Signature] Date 3/7/06

JWB

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WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Beatty-Warren M.S. Sport Cheerleading - Winter

Name Nicole Bonnell Season 2005/2006

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 | (✓) | () | () | () |
| 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: Outstanding job!

(Additional comments on the back)

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

Signature of Coach Nicole Bonnell Date 2-7-06

Signature of Evaluator Nancy Ondrasik Date 2-23-06
Principal's Signature

IF SATISFACTORY:

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

Signature Nicole Bonnell Date 2-7-06

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WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Beatty-Warren M.S. Sport Wrestling
Name Herb Anderson Season 2005-2006
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. <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: Great season!

(Additional comments on the back)

Your services were rated as: Satisfactory ☒ Needs Improvement ☐ Unsatisfactory ☐

Signature of Coach Herb Anderson Date 2-15-06

Signature of Evaluator Nancy Ondrasch Date 2-23-06
Principal's Signature

IF SATISFACTORY:

I will be available to serve next year. Yes ☒ No ☐

Signature Herb Anderson Date 2-15-06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Beatty-Warren M.S. Sport Wrestling
Name Dean Johnson Season 2005-2006
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. <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)	()	()	()
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)	()	()	()
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)	()	()	()
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)	()	()	()

Additional Comments: Great season!

(Additional comments on the back)

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

Signature of Coach Dean A. Johnson Date 2-15-06

Signature of Evaluator Nancy Anderson Date 2-23-06
Principal's Signature _____

IF SATISFACTORY:

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

Signature Dean A. Johnson Date 2-15-06

Appendix C

COACH EVALUATION FORM

School OSONHOWOK Sport B. BASKETBALL
 Name KEN CROSBY Season 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	<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"/>
f. Other	<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"/>
e. Other	<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 checked="" type="checkbox"/>
i. Role model to athletes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other	<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"/>
e. Other	<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 Ned H. H. Date 2/14/06
 (Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes ☒ No ()
 Signature Ken Crosby Date 2/20/06

Kelly M. Martin
2/20/06

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Appendix C

COACH EVALUATION FORM

School ELSON HOWER Sport B. BASKETBALL

Name NEAL HOSINGTON Season 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	(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)	(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: Very Nice Job For Your 1st Year

(Additional comments on the back)

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

Signature of Coach Neal Hosington Date 2/24/06

Signature of Evaluator Jelly M. Martin Date 2/24/06

(Principal or Designee)

IF SATISFACTORY:

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

Signature Neal Hosington Date 2/24/06

Appendix C

COACH EVALUATION FORM

School EISENHOWER Sport B. BASKETBALL
Name TOM SANTO Season 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	(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)	()	()	()
e. Other	(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)	()	()	()
j. Other	(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)	()	()	()
e. Other	(X)	()	()	()

Additional Comments: _____

Your services were rated as: (Additional comments on the back)
() Satisfactory () Needs Improvement
() Unsatisfactory ()

Signature of Coach Tom Santo Date 2-16-06

Signature of Evaluator Neil [Signature] Date 2-14-06
(Principal or Designee)

IF SATISFACTORY:

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

Signature Tom Santo Date 2/16

Kelly M. Martin
2/20/06

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COACH EVALUATION FORM

School ELSON HULL Sport B. BASKETBALL
 Name DAVE SHERMAN Season 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	(S)	()	()	()
b. Has ability to teach knowledge	(S)	()	()	()
c. Enthusiasm	(S)	()	()	()
d. Has self-control and poise	(S)	()	()	()
e. Control/Discipline of athletes	(S)	()	()	()
f. Other	(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)	()	()	()
e. Other	(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)	()	()	(X)
i. Role model to athletes	(S)	()	()	()
j. Other	(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)	()	()	()
e. Other	(S)	()	()	()

Additional Comments: Very Nice Job. THANKS FOR HELPING US OUT WITH SUCH SHORT NOTICE.

(Additional comments on the back)

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

Signature of Coach Neil H. H. Date 2-14-06

Signature of Evaluator [Signature] Date 2/20/06
 (Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes () No X
 Signature [Signature] Date 2-28-06

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Appendix C

COACH EVALUATION FORM

School EISENHOWER Sport G. BASKETBALL
 Name DAVE ALLENSON Season 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	(✓)	()	()	()
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:

GROFF SEASON !!JOB WELL DONE

(Additional comments on the back)

Your services were rated as:

Satisfactory

()

Needs Improvement

()

Signature of Coach

[Signature]

Date

Signature of Evaluator

[Signature]

Date

3-27-06

(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year.

Yes (X)

No ()

Signature

[Signature]

Date

3/28/06

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Appendix C

COACH EVALUATION FORM

School EDSONHOWER Sport G. BASKETBALL
Name MIKE LOGUE Season 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	()	()	()	()

Additional Comments: MIKE IS AN EXCEPTIONAL COACH

(Additional comments on the back)

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

Signature of Coach X. Mike Logue Date 3-28-06

Signature of Evaluator David Johnson Date 3/23/06
(Principal or Designee)

IF SATISFACTORY:

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

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Appendix C

COACH EVALUATION FORM

School ELSON HOWARD Sport G. BASKETBALL

Name R.J. Williams Season 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	(✓)	()	()	()
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: RJ HAS GONE UP AND BEYOND THE REQUIREMENTS OF COACHING.

(Additional comments on the back)

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

Signature of Coach _____ Date _____

Signature of Evaluator David Williams Date 3/23/06
(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes (✓) No ()
Signature RJ Williams Date 3/28/06

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Appendix C

COACH EVALUATION FORM

School ELSON HOWOR Sport G-BASKETBALLName SKEET WILLIAMS Season 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	(✓)	()	()	()
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: SKEET IS AN EXCEPTIONAL COACH AND DOES MORE THAN REQUIRED.

(Additional comments on the back)

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

Signature of Coach _____ Date _____

Signature of Evaluator David Callahan Date 3/23/06
(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes (✓) No ()
Signature Skeet Williams Date 3-28-06

Appendix C

COACH EVALUATION FORM

School EISENHOWER Sport CHOCKERLOADING (WINTER)
 Name MELISSA CARLSTROM Season 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 | (✓) | () | () | () |
| 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 NICE JOB WITH A LOT OF
1ST YEAR CHOCKERLOADERS.

(Additional comments on the back)

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

Signature of Coach Melissa Carlstrom Date 2/20/06

Signature of Evaluator Kelly M. Martin Date 2/20/06

(Principal or Designee)

IF SATISFACTORY:

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

Signature Melissa Carlstrom Date 2/20/06

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COACH EVALUATION FORM

School ELSON HOLLOW Sport WRESTLING
 Name GREG BARNETT Season 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	(+)	()	()	()
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 K. A. Blum Date 3-8-06

(Principal or Designee)

IF SATISFACTORY:

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

Signature _____ Date _____

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Appendix C

COACH EVALUATION FORM

School ELSONHOWER Sport WRESTLING

Name TRAVIS HUMMEL Season 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	(+)	()	()	()
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 Chris J. Blum Date 3-8-06

(Principal or Designee)

IF SATISFACTORY:

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

Signature Travis Hummel Date 3-8-06

Appendix C

COACH EVALUATION FORM

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School EISENHOWER Sport WRESTLING
 Name KEIL WOODBURN Season 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	(+)	()	()	()
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 [Signature] Date 3-8-06
 (Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year. Yes ☒ No ()
 Signature Keil Woodburn Date 3-8-06

RECEIVED APR - 3 2006

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Sheffield Sport Boys - V. Basketball
Name Todd Fitch Season 2005-06

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 <u>accepts responsibility</u>	(X)	()	()	()
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 <u>(none)</u>	(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	()	()	()	()

Additional Comments: Todd has been a great addition to my staff. A very good assistant.
(Additional comments on the back)

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

Signature of Coach Todd Fitch Date 3/7/06

Signature of Evaluator Steven Sporn Date 3/6/06
(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year.

Yes () No ()

Date

RECEIVED APR - 3 2006

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania
COACH EVALUATION FORM

School Sheffield Area Middle High School Sport Boys' Basketball

Name Norris, Steve Season 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 of 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 ()

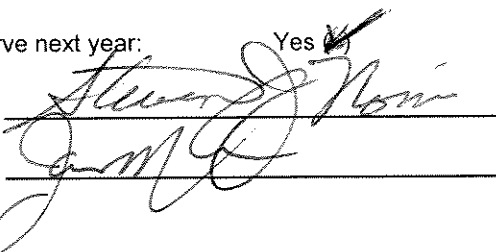
IF SATISFACTORY:

I will be available to serve next year:

Yes ☒

No ()

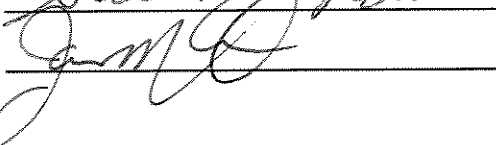
Signature of Coach:



Date:

3-15-06

Signature of Evaluator:



Date:

3-8-06

2005 - 2006

Coach Norris has demonstrated his sincere concern for the personal success of his student-athletes. He has gone "above and beyond" in regard to help each of his charges to attain their personal best and keep them involved in a wholesome program.

Coach Norris always exhibits a professional decorum regardless of the circumstances. He treats his players, our guests and game officials with digit and respect at all times.

Coach Norris has made difficult decisions when necessary. When our team need leniency and a guiding hand, coach Norris provided it. But when disciplinary measures were called for, he addressed issues promptly and fairly.

Our record has improved and we have every reason to expect continued improvement.

RECEIVED APR - 3 2006

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Sheffield H.S. Sport Gr. H. Boys B-Ball
Name Collin Shive Season 2005-06

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. <u>Other Follows program</u>	(X)	()	()	()
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)	()	()	(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	()	()	()	()

Additional Comments: Collin Shive has done a nice job at the Gr. H. Boys Coach.
(Additional comments on the back)

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

Signature of Coach _____ Date _____

Signature of Evaluator _____ Date 3/6/06
(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year.

Yes () No ()

Date _____

RECEIVED APR - 3 2006

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Shafford H.S. Sport Sn. High Boys B. Ball
Name Jeremy Snell Season 2005-06

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 <u>FIRST Year</u>	(X)	()	()	()
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 <u>Practice sequence</u>	(X)	()	()	()
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)	()	()	(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	()	()	()	()

Additional Comments: Jeremy was a pleasant surprise, I am totally satisfied w/ his work.
(Additional comments on the back)

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

Signature of Coach _____ Date _____

Signature of Evaluator Steven J. Korman Date 3/6/06
(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year.

Yes () No ()

Date _____

RECEIVED APR - 3 2006

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania
COACH EVALUATION FORM

School Sheffield Area Middle High School Sport Basketball

Name Lee Goldthwaite Season 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 rated as: Satisfactory (x) Needs Improvement () Unsatisfactory ()

IF SATISFACTORY:

I will be available to serve next year:

Yes (x)

No ()

Signature of Coach:

Lee Goldthwaite

Date:

3-17-06

Signature of Evaluator:

[Signature]

Date:

3-8-06

Winter 05-06

Coach Goldthwaite has had a positive inaugural season with our Lady Wolverine Basketball team. After experiencing a series of coaching changes, our girls seemed to be looking for stability. Coach Goldthwaite seems to be willing to provide that.

Coach Goldthwaite has a fine rapport with his team. It is noteworthy that Coach Goldthwaite uses a "hands-off" approach when working with his female student-athletes. This is critical and we commend Coach Goldthwaite and encourage him to maintain same.

Coach Goldthwaite was very cooperative with the athletic administration. He regularly contacted the school and was available when needed.

Coach Goldthwaite took his team to the District 9 playoffs this season. We would encourage Coach Goldthwaite to stay current with basketball fundamentals, drills and schemes so as to keep his teams successful.

RECEIVED APR - 3 2006

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School SANSHS Sport GIRLS BASKETBALL
Name TRACIE MORRISON Season 2005-2006

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)	(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	()	()	()	()

Additional Comments: TRACIE'S ability to motivate student athletes
is a benefit to our program
(Additional comments on the back)

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

Signature of Coach Tracy Morrison Date 2-27-06

Signature of Evaluator _____ Date _____
(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year.

Yes () No ()

Date _____

RECEIVED APR - 3 2006

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania
COACH EVALUATION FORM

School Sheffield Area Middle High School Sport Winter Cheer - Basketball

Name Progar-Wilson, Julie Season 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 rated as: Satisfactory (X) Needs Improvement () Unsatisfactory ()

IF SATISFACTORY:

I will be available to serve next year:

Yes ()

No ()

Signature of Coach:

Date:

Signature of Evaluator:

Date:

05-06

Coach Progar-Wilson has demonstrated a concern for our student-athletes who participate in our cheer program

Coach Progar-Wilson maintains safe, tasteful routines with our cheerleaders. They have always been sportsmanlike in their cheers. Coach Progar-Wilson maintains sound discipline with her student-athletes.

Coach Progar-Wilson has addressed the more significant issues of concern in her association with our cheer program. We are fortunate to have her overseeing our cheerleaders during the winter season.

RECEIVED APR - 3 2006

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Sheffield Sport Wrestling
Name DAN Holden Season 2005 - 2006

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	()	()	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach _____ Date _____

Signature of Evaluator [Signature] Date 3-26-06
(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year.

Yes () No ()

_____ Date _____

RECEIVED APR - 3 2006

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania
COACH EVALUATION FORM

School Sheffield Area Middle High School Sport Wrestling

Name Smead, Tony Season 05-06

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

PERFORMANCE EVALUATION	S	SI	U	NA
<u>1. 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	()	()	()	()
<u>2. 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	()	()	()	()
<u>3. 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	()	()	()	()
<u>4. 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: 

Date: 3-15-06

Signature of Evaluator: 

Date: 3-8-06

05-06

Coach Smead must be commended for his energy and enthusiasm in maintaining our wrestling program. Having been on probation it was imperative that we have a success off-season and recruiting effort. Mr. Smead provided both.

Coach Smead not only maintained our program, but he has taken us back to the PIAA State Championships.

Coach Smead has remained current with wrestling skills and techniques. His wrestlers benefit from an up to date wrestling program. Our kids are generally well prepared for their competition.

Coach Smead maintained a healthy team this year. Coach Smead must be commended for our student-athletes' healthy season. Weight related issues never surfaced this year. We encourage Mr. Smead to keep us current and informed with the new PIAA regulations as they are introduced next year.

With our junior high wrestling program on probation, it is paramount that we RECRUIT young wrestlers in the off season. Student-athletes must be attracted and a positive atmosphere must be created for our junior high wrestling program.

RECEIVED MAR 17 2006

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Warren High Sport Boys' Basketball
Name Jeff Berline Season winter 06
Number of Years of Service as: Head Coach X 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	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. <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	()	()	()
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	()	()	()
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	()	()	()

Additional Comments: Congratulations on an outstanding season and making the play-offs.
(Additional comments on the back)

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

Signature of Coach Jeff Berline Date 3/1/06

Signature of Evaluator [Signature] Date 3/1/06

Principal's Signature

IF SATISFACTORY:

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

Signature [Signature] Date 3/1/06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 23 2006

COACH EVALUATION FORM

School WARREN AREA HS Sport Boys Basketball

Name JOE MCGRAW Season 05-06

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

Note: S - Satisfactory SI - Needs Improvement U - Unsatisfactory NA - Not Applicable
(9th Grade)

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)	()	()	()
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)	()	()	()
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)	()	()	()
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)	()	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach Joe McGraw Date 3-9-06

Signature of Evaluator [Signature] Date 3-9-06
Principal's Signature

IF SATISFACTORY:

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

Signature Joe McGraw Date 3-9-06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 23 2006

COACH EVALUATION FORM

School WARREN Area HS Sport Boys Basketball

Name Dave Papalia Season 05-06

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. <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)	()	()	()
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)	()	()	()
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)	()	()	()
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)	()	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach Dave Papalia Date 3-10-06

Signature of Evaluator [Signature] Date 3-10-06

Principal's Signature

IF SATISFACTORY:

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

Signature Dave Papalia Date _____

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 23 2006

COACH EVALUATION FORM

School Warren Sport Girls Basketball

Name Amy Chase Season 2005-2006

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	(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. <u>Organization</u>				
a. Well planned practices	(S)	()	()	()
b. Care and inventory of equipment	(S)	()	()	()
c. Demonstrates punctuality	(S)	()	()	()
d. Record keeping and reports	(S)	()	()	()
3. <u>Personal Relationships</u>				
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. <u>Administration</u>				
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: _____

(Additional comments on the back)

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

Signature of Coach Amy Chase Date 2/22/06

Signature of Evaluator Matthew A. Madigan Date 2/21/06
Principal's Signature

IF SATISFACTORY:

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

Signature Amy Chase Date _____

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 17 2006

COACH EVALUATION FORM

School Warren High Sport Girls Basketball
Name Matt Madigan Season Winter 06
Number of Years of Service as: Head Coach X 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	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. <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	()	()	()
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	()	()	()
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	()	()	()

Additional Comments: Congratulations on making the
play-offs
(Additional comments on the back)

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

Signature of Coach _____ Date _____

Signature of Evaluator John Lap. Q Date 3/1/06

Principal's Signature

IF SATISFACTORY:

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

Signature Matthew A. Madigan Date 3/14/06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 17 2006

COACH EVALUATION FORM

School Warren High Sport Cheerleading
Name Wendy Carrington Season Winter
Number of Years of Service as: Head Coach X 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	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. <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	()	()	()
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	()	()	()
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	()	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach Wendy Carrington Date 3/13/06

Signature of Evaluator [Signature] Date 3/8/06
Principal's Signature

IF SATISFACTORY:

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

Signature Wendy Carrington Date 3-13-06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 23 2006

COACH EVALUATION FORM

School Warren Area Sport Cheerleading
Name Shona Hagerty Season Fall & Winter (Freshmen)
Number of Years of Service as: Head Coach _____ Assistant Coach 1 yr.

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: Shona is great w/ the squad & is a knowledgeable "reliable" coach
(Additional comments on the back)

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

Signature of Coach Wendy Carrington Date 2/16/06

Signature of Evaluator _____ Date _____

Principal's Signature

IF SATISFACTORY:

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

Signature Shona Hagerty Date 2-16-06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 23 2006

COACH EVALUATION FORM

School Warren Area Sport Cheerleading
Name Jen Stover Season Winter Cheerleading (JV)
Number of Years of Service as: Head Coach _____ Assistant Coach 1/2

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	()	(✓)	()	()
b. Has ability to teach knowledge	()	(✓)	()	()
c. Enthusiasm	(✓)	()	()	()
d. Has self-control and poise	(✓)	()	()	()
e. Control/Discipline of athletes	(✓)	()	()	()
2. <u>Organization</u>				
a. Well planned practices	(✓)	()	()	()
b. Care and inventory of equipment	(✓)	()	()	()
c. Demonstrates punctuality	(✓)	()	()	()
d. Record keeping and reports	(✓)	()	()	()
3. <u>Personal Relationships</u>				
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. <u>Administration</u>				
a. Follows rules and policies	(✓)	()	()	()
b. Concern for health and safety of students	(✓)	()	()	()
c. Supervises students	(✓)	()	()	()
d. Follows proper channels	(✓)	()	()	()

Additional Comments: Jen has done a great job as
her first year coaching cheerleading!
(Additional comments on the back)

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

Signature of Coach Wendy Carrington Date 2/16/06

Signature of Evaluator _____ Date _____

Principal's Signature

IF SATISFACTORY:

I will be available to serve next year.

Yes (✓) No ()

Signature Jennifer Stover Date 2-17-06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 23 2006

COACH EVALUATION FORM

School Warren Sport Diving

Name Alicia Clark Season 2005-2006

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

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 | <u>S</u> | () | () | () |
| b. Has ability to teach knowledge | <u>S</u> | () | () | () |
| c. Enthusiasm | <u>S</u> | () | () | () |
| d. Has self-control and poise | <u>S</u> | () | () | () |
| e. Control/Discipline of athletes | <u>S</u> | () | () | () |

2. Organization

- | | | | | |
|------------------------------------|----------|-----|-----|-----|
| a. Well planned practices | <u>S</u> | () | () | () |
| b. Care and inventory of equipment | <u>S</u> | () | () | () |
| c. Demonstrates punctuality | <u>S</u> | () | () | () |
| d. Record keeping and reports | <u>S</u> | () | () | () |

3. Personal Relationships

- | | | | | |
|-------------------------------------|----------|-----|-----|-----|
| a. Rapport with athletes | <u>S</u> | () | () | () |
| b. Rapport with his/her staff | <u>S</u> | () | () | () |
| c. Rapport with other sport coaches | <u>S</u> | () | () | () |
| d. Rapport with officials | <u>S</u> | () | () | () |
| e. Rapport with parents of athletes | <u>S</u> | () | () | () |
| f. Rapport with Sports Boosters | <u>S</u> | () | () | () |
| g. Rapport with Administration | <u>S</u> | () | () | () |
| h. Rapport with media | <u>S</u> | () | () | () |
| i. Role model to athletes | <u>S</u> | () | () | () |

4. Administration

- | | | | | |
|----------------------------------------------|----------|-----|-----|-----|
| a. Follows rules and policies | <u>S</u> | () | () | () |
| b. Concern for health and safety of students | <u>S</u> | () | () | () |
| c. Supervises students | <u>S</u> | () | () | () |
| d. Follows proper channels | <u>S</u> | () | () | () |

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach Alicia Clark Date 2-23-06

Signature of Evaluator _____ Date _____

Principal's Signature

IF SATISFACTORY:

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

Signature Alicia Clark Date 2-23-06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 17 2006

COACH EVALUATION FORM

Name Lisa Grosch Sport Swimming
School Warrens High Season 06 winter
Number of Years of Service as: Head Coach X 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	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. <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	()	()	()
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	()	()	()
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	()	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach Lisa Grosch Date 3/17/06

Signature of Evaluator Jeanette Date 3/1/06

Principal's Signature

IF SATISFACTORY:

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

Signature Lisa Grosch Date 3-17-06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 23 2006

COACH EVALUATION FORM

School WARREN Sport Swimming

Name JEFF WAITERS Season 2005-2006

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. <u>Instruction</u>				
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. <u>Organization</u>				
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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3. <u>Personal Relationships</u>				
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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
i. Role model to athletes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. <u>Administration</u>				
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 David Dwyer Date 2-23-06

Signature of Evaluator _____ Date _____

Principal's Signature

IF SATISFACTORY:

I will be available to serve next year.

Yes ☒ No ☐

Signature Jeff Waiters Date 02/23/06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 17 2006

COACH EVALUATION FORM

School Warren High Sport Wrestling
Name Glenis Baldensperger Season Winter 06
Number of Years of Service as: Head Coach X 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	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. <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	()	()	()
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	()	()	()
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	()	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach [Signature] Date 3/1/06

Signature of Evaluator [Signature] Date 3/1/06

IF SATISFACTORY: [Signature]
Principal's Signature

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

Signature [Signature] Date 3/1/06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 23 2006

COACH EVALUATION FORM

School Warren Sport Wrestling
Name ERIC ROSEQUIST Season 2005-2006
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. <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)	()	()	()
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)	()	()	()
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)	()	()	()
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)	()	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach _____ Date _____

Signature of Evaluator [Signature] Date 2-28-06
Principal's Signature _____

IF SATISFACTORY:

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

Signature [Signature] Date 3-10-06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED MAR 23 2006

COACH EVALUATION FORM

School Warren Sport Wrestling

Name Steve Silliano Season 2005-2006

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	(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. <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)	()	()	()
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)	()	()	()
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)	()	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach Steve Silliano Date 3-15-06

Signature of Evaluator [Signature] Date 2-28-06
Principal's Signature

IF SATISFACTORY:

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

Signature _____ Date _____

RECEIVED APR - 7 2006

COACH EVALUATION FORM

School Youngsville Middle/Senior Sport Boys BASKETBALL 7-8 GRADE

Name ED FOX Season 2005-2006

Notes: 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	()	()	()	()
b. Has ability to teach knowledge	()	()	()	()
c. Enthusiasm	()	()	()	()
d. Has self-control and poise	()	()	()	()
e. Control/Discipline of athletes	()	()	()	()
f. Other	()	()	()	()
2. <u>Organization</u>				
a. Well planned practices	()	()	()	()
b. Care and inventory of equipment	()	()	()	()
c. Demonstrates punctuality	()	()	()	()
d. Record keeping and reports	()	()	()	()
e. Other	()	()	()	()
3. <u>Personal Relationships</u>				
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. <u>Administration</u>				
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 [Signature] Date 3/16/06

Signature of Evaluator [Signature] Date 3/16/06
(Principal or Designee)

IF SATISFACTORY:

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

Signature [Signature] Date 3/16/06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED APR - 7 2006

COACH EVALUATION FORM

School Youngsville Middle/Senior Sport Boys BASKETBALL 7-8 GRADE

Name Scott Fox Season 2005-2006

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	()	()	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach Scott Fox Date 3/16/06

Signature of Evaluator S. Martin Date 3/16/06
(Principal or Designee)

IF SATISFACTORY:

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

Signature Scott Fox Date 3/16/06

COACH EVALUATION FORM

School Youngsville Middle/Senior Sport Boys BASKETBALL

Name BRIAN OVIATT Season 2005 - 2006

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	SS	()	()	()
b. Has ability to teach knowledge	SS	()	()	()
c. Enthusiasm	SS	()	()	()
d. Has self-control and poise	SS	()	()	()
e. Control/Discipline of athletes	SS	()	()	()
f. Other	SS	()	()	()

2. Organization

a. Well planned practices	SS	()	()	()
b. Care and inventory of equipment	SS	()	()	()
c. Demonstrates punctuality	SS	()	()	()
d. Record keeping and reports	SS	()	()	()
e. Other	SS	()	()	()

3. Personal Relationships

a. Rapport with athletes	SS	()	()	()
b. Rapport with his/her staff	SS	()	()	()
c. Rapport with other sport coaches	SS	()	()	()
d. Rapport with officials	SS	()	()	()
e. Rapport with parents of athletes	SS	()	()	()
f. Rapport with Sports Boosters	SS	()	()	()
g. Rapport with Administration	SS	()	()	()
h. Rapport with media	SS	()	()	()
i. Role model to athletes	SS	()	()	()
j. Other	SS	()	()	()

4. Administration

a. Follows rules and policies	SS	()	()	()
b. Concern for health and safety of students	SS	()	()	()
c. Supervises students	SS	()	()	()
d. Follows proper channels	SS	()	()	()
e. Other	SS	()	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach Brian Oviatt Date 3/14/06

Signature of Evaluator Eric M. Minner Date 3/14/06
(Principal or Designee)

IF SATISFACTORY:

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

Signature Brian Oviatt Date 3/14/06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

RECEIVED APR - 7 2006

School Youngsville Middle/Senior Sport GIRLS BASKETBALL

Name RAY NEIDRICK Season 2005-2006

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	()	()	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach Ray Neidrick Date 3-12-06

Signature of Evaluator William L. H. Hays Date 2-18-06
(Principal or Designee)

IF SATISFACTORY:

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

Signature Ray Neidrick Date 3-12-06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM **RECEIVED APR - 7 2006**

School Youngsville Middle/Senior Sport CHEERLEADING

Name Holly Weisinger Season 2005-2006

Notes: 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	(+)	()	()	()
b. Has ability to teach knowledge	(+)	()	()	()
c. Enthusiasm	(+)	()	()	()
d. Has self-control and poise	(+)	()	()	()
e. Control/Discipline of athletes	(+)	()	()	()
f. Other	()	()	()	()
2. <u>Organization</u>				
a. Well planned practices	(+)	()	()	()
b. Care and inventory of equipment	(+)	()	()	()
c. Demonstrates punctuality	(+)	()	()	()
d. Record keeping and reports	(+)	()	()	()
e. Other	()	()	()	()
3. <u>Personal Relationships</u>				
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. <u>Administration</u>				
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 (X) Needs Improvement () Unsatisfactory ()

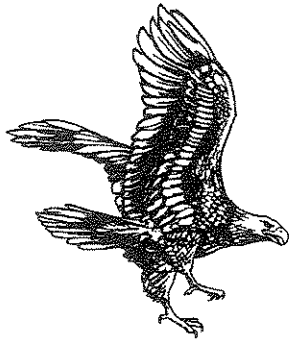
Signature of Coach _____ Date _____

Signature of Evaluator Tony L. Date 7 April 2006
(Principal or Designee)

IF SATISFACTORY:

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

Signature _____ Date _____



YOUNGSVILLE HIGH SCHOOL
WARREN COUNTY SCHOOL DISTRICT
227 College Street
Youngsville, Pennsylvania 16371-1198
Phone: 814/563-7573
FAX: 814/563-4459

Committed to Excellence

Dr. DARRELL L. JASKOLKA
PRINCIPAL

KEN FITZSIMMONS
ASSISTANT PRINCIPAL

ANTHONY J. FERA
ATHLETIC DIRECTOR

The 2005-2006 winter cheerleading squad, under the supervision of Holly Weisinger , generated fan support and school spirit the entire season. The girl's were instrumental in the winter sports pep assembly and had a variety of well planned activities. Students safety was always a priority for Holly and we appreciate her efforts in working with our cheerleading athletes his school year.

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED APR - 7 2006

COACH EVALUATION FORM

School Youngsville Middle/Senior Sport Wrestling

Name Bruce Cummings Season 2005-2006

Notes: 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	(S)	()	()	()
c. Enthusiasm	(S)	()	()	()
d. Has self-control and poise	(S)	()	()	()
e. Control/Discipline of athletes	(S)	()	()	()
f. Other	()	()	()	()
2. <u>Organization</u>				
a. Well planned practices	()	()	()	(S)
b. Care and inventory of equipment	(S)	()	()	()
c. Demonstrates punctuality	(S)	()	()	()
d. Record keeping and reports	()	()	()	(S)
e. Other	()	()	()	()
3. <u>Personal Relationships</u>				
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)	()	()	()
h. Rapport with media	(S)	()	()	()
i. Role model to athletes	(S)	()	()	()
j. Other	()	()	()	()
4. <u>Administration</u>				
a. Follows rules and policies	(S)	()	()	()
b. Concern for health and safety of students	(S)	()	()	()
c. Supervises students	(S)	()	()	()
d. Follows proper channels	(S)	()	()	()
e. Other	()	()	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach Bruce Cummings Date 4-4-06

Signature of Evaluator Long Date _____
(Principal or Designee)

IF SATISFACTORY:

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

Signature Bruce Cummings Date 4-4-06

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

RECEIVED APR - 7 2006

COACH EVALUATION FORM

School Youngsville Middle/Senior Sport WRESTLING

Name TONY FERR Season 2005-2006

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	()	()	()	()

Additional Comments _____

(Additional comments on the back)

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

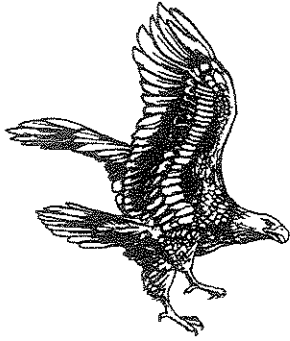
Signature of Coach Tony Ferr Date 4 APRIL 2006

Signature of Evaluator David H. Date 4-6-06
(Principal or Designee)

IF SATISFACTORY:

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

Signature Tony Ferr Date 4 APRIL 2006



YOUNGSVILLE HIGH SCHOOL
WARREN COUNTY SCHOOL DISTRICT
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Dr. DARRELL L. JASKOLKA
PRINCIPAL

KEN FITZSIMMONS
ASSISTANT PRINCIPAL

ANTHONY J. FERA
ATHLETIC DIRECTOR

The 2005-2006 wrestling program, under the leadership of Mr. Fera, completed the season with a record of 10-6 and two wrestlers placed 3rd and 6th in the state tournament. To say Mr. Fera is an outstanding coach would be an understatement. He is a professional who not only coaches, but mentors his athletes and shows them the relationship between athletics and real life. His knowledge of the sport is without peer and his ability to convey this knowledge is what has made Youngsville High School wrestling so successful. Year after year, he has taken all levels of talent and pushed them to accomplish things they never believed they could do. Mr. Fera enjoys working with all student athletes be it an at-risk student or a natural athlete.

The retirement of Mr. Fera after the conclusion of the 2005-2006 season will be a tremendous loss to our program and our athletes. His student centered approach has made many of his athletes into productive members of our society. His coaching will be replaced, but his mentorship of young people will be a very hard act to follow. Thank you Mr. Fera for all you have done.

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM RECEIVED APR - 7 2006

School Youngsville Middle/Senior Sport Wrestling

Name Scott Hinonimus Season 2005-2006

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

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach Scott Hinonimus Date _____

Signature of Evaluator Tony Harris Date _____
(Principal or Designee)

IF SATISFACTORY:

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

Signature Scott Hinonimus Date _____

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

RECEIVED APR - 7 2006

School Youngsville Middle/Senior Sport WRESTLING

Name Jim Hoffner Season 2005-2006

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	S	()	()	()
b. Has ability to teach knowledge	S	()	()	()
c. Enthusiasm	S	()	()	()
d. Has self-control and poise	S	()	()	()
e. Control/Discipline of athletes	S	()	()	()
f. Other	()	()	()	()
2. <u>Organization</u>				
a. Well planned practices	()	()	()	S
b. Care and inventory of equipment	()	()	()	S
c. Demonstrates punctuality	S	()	()	S
d. Record keeping and reports	()	()	()	S
e. Other	()	()	()	()
3. <u>Personal Relationships</u>				
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	()	()	S
h. Rapport with media	S	()	()	()
i. Role model to athletes	S	()	()	()
j. Other	()	()	()	()
4. <u>Administration</u>				
a. Follows rules and policies	S	()	()	()
b. Concern for health and safety of students	S	()	()	()
c. Supervises students	S	()	()	()
d. Follows proper channels	S	()	()	()
e. Other	()	()	()	()

Additional Comments: _____

(Additional comments on the back)

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

Signature of Coach Jim Hoffner Date _____

Signature of Evaluator Angela Date 4-6-2006
(Principal or Designee)

IF SATISFACTORY:

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

Signature Jim Hoffner Date _____

WARREN COUNTY SCHOOL DISTRICT
Warren, Pennsylvania

COACH EVALUATION FORM

School Youngsville Middle/Senior Sport Wrestling

Name CHRY SCOTT Season 2005-2006

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	✓	()	()	()
b. Has ability to teach knowledge	✓	()	()	()
c. Enthusiasm	✓	()	()	()
d. Has self-control and poise	✓	()	()	()
e. Control/Discipline of athletes	✓	()	()	()
f. Other	()	()	()	()
2. <u>Organization</u>				
a. Well planned practices	()	()	()	✓
b. Care and inventory of equipment	✓	()	()	()
c. Demonstrates punctuality	✓	()	()	()
d. Record keeping and reports	()	()	()	✓
e. Other	()	()	()	()
3. <u>Personal Relationships</u>				
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. <u>Administration</u>				
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 Chry Scott Date _____

Signature of Evaluator Tony Hain Date 4-6-2006

(Principal or Designee)

IF SATISFACTORY:

I will be available to serve next year.

Yes () No (✓)

Signature Chry Scott Date _____