**Pittsfield Middle High School**

**Athletic Department**

End of the Season Report

Athletic Director: Jay Darrah



**TEAM & INDIVIDUAL STATISTICAL ACHIEVEMENTS**

**Season:**

**Coach:**

**Sport:**

**Level (MS, JV, V):**

**Team Record:**

**Tournament Seeding:**

**Finish:**

**Team Roster (Name & Grade):**

**Individual Awards (Pittsfield Awards, GSC Team, All-Academic and All-State:**

PMHS Awards - Varsity Team: 4 Awards – JV & MS Teams: 3 Awards

**COACH EVALUATION**

**PART ONE: Coach’s Self-Evaluation**

**Directions:**

* Rate yourself on each statement by placing a check where you think players may rate you.
* Put a check in the “priority” column relative to the statements for areas you think you could improve upon.

**Low Average High**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **1** | **2** | **3** | **4** | **5** | **Priority** |
|  | Hard worker |  |  |  |  |  |  |  |
|  | Technically knowledgeable |  |  |  |  |  |  |  |
|  | Enthusiastic |  |  |  |  |  |  |  |
|  | Provides individual help |  |  |  |  |  |  |  |
|  | Motivates/ Builds Confidence |  |  |  |  |  |  |  |
|  | Develops player potential |  |  |  |  |  |  |  |
|  | Good teacher |  |  |  |  |  |  |  |
|  | Approachable |  |  |  |  |  |  |  |
|  | Respects players |  |  |  |  |  |  |  |
|  | Communicates well |  |  |  |  |  |  |  |

**Coach’s Comments: *(What worked, didn’t work, areas of focus this season, ideas for areas to focus on next season/off season, personal and team goals for next year etc. Please be thoughtful and thorough.)***

**PART TWO: Athletic Director’s Evaluation**

**Low Average High**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Administration** | **1** | **2** | **3** | **4** | **5** | **Priority** |
| 1 | Care of Equipment |  |  |  |  |  |  |
| 2 | Organization of practices |  |  |  |  |  |  |
| 3 | Communication |  |  |  |  |  |  |
| 4 | Adherence to district Policies |  |  |  |  |  |  |
| 5 | Supervision of players |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Skills** | **1** | **2** | **3** | **4** | **5** | **Priority** |
| 1 | Knowledge of fundamentals |  |  |  |  |  |  |
| 2 | Presentation of fundamentals |  |  |  |  |  |  |
| 3 | Conditioning |  |  |  |  |  |  |
| 4 | Game Preparation |  |  |  |  |  |  |
| 5 | Prevention/Care of Injuries |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Interactions** | **1** | **2** | **3** | **4** | **5** | **Priority** |
| 1 | Enthusiasm |  |  |  |  |  |  |
| 2 | Discipline |  |  |  |  |  |  |
| 3 | Communication with Players |  |  |  |  |  |  |
| 4 | Motivates/ Builds Confidence |  |  |  |  |  |  |
| 5 | Respects players |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Performance** | **1** | **2** | **3** | **4** | **5** | **Priority** |
| 1 | Appearance of team on field |  |  |  |  |  |  |
| 2 | Execution of team on field |  |  |  |  |  |  |
| 3 | Attitude of team |  |  |  |  |  |  |
| 4 | Conduct of coach during games |  |  |  |  |  |  |
| 5 | Confidence of team on field |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Improvements** | **1** | **2** | **3** | **4** | **5** | **Priority** |
| 1 | Attends Organization Meetings |  |  |  |  |  |  |
| 2 | Attends Off-Season Clinics |  |  |  |  |  |  |
| 3 | Runs Summer Programs |  |  |  |  |  |  |

**Athletic Director’s Comments:**

**Scorebooks Turned In**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Equipment Put Away**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Uniforms Collected**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Medical Kit Emptied**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Compensation Awarded**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Team Areas Cleaned**: \_\_\_\_\_\_\_\_\_\_\_\_\_

Coach Signature:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Athletics Signature: \_ \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommended for Re-Employment: YES\_\_\_\_\_ NO\_\_\_\_\_**