

Coaching Evaluation

Instructions for the Coaching Candidate

Please complete Section I with your information as it appears on your TEACH account. Then, have Section II completed in its entirety by the Athletic Director/Principal. You can then submit this document directly to tcert@nysed.gov or if you choose to have a BOCES Regional Certification Officer (RCO) evaluate your application, this document must be submitted to that office.

Please note:

If you did not coach the sport for all three of the applicable years, you must submit a statement attesting that you did not coach that sport for those seasons.

This form can be used for multiple seasons of the same sport, separate forms must be completed for each sport evaluated.

Instructions for the Athletic Director/School Official

Complete Section II in its entirety taking care to include the season (winter, spring, fall), month and year the sport was coached in. A rating must be given, if you are unable to give a rating, please indicate why.

Section I – Applicant information	
First name: _____	Last name: _____
Date of Birth: __/__/____ (mm/dd/yyyy) AND/OR Last 4 Digits of Social Security Number: _____	
Section II – School District information	
Name of School/District: _____	
Sport Coached: _____	
Season start: (must use this format: Season mm/dd/yyyy) _____ Season end: (must use this format: Season mm/dd/yyyy) _____ Satisfactory rating: <input type="checkbox"/> YES <input type="checkbox"/> NO If no rating can be given, explanation: _____	
Season start: (must use this format: Season mm/dd/yyyy) _____ Season end: (must use this format: Season mm/dd/yyyy) _____ Satisfactory rating: <input type="checkbox"/> YES <input type="checkbox"/> NO If no rating can be given, explanation: _____	
Season start: (must use this format: Season mm/dd/yyyy) _____ Season end: (must use this format: Season mm/dd/yyyy) _____ Satisfactory rating: <input type="checkbox"/> YES <input type="checkbox"/> NO If no rating can be given, explanation: _____	
Coach Signature: _____ Date: _____ AD Signature: _____ Date: _____	