FS-R-03-11-5b, Revision of September 2017

**EVALUATION AND RECOMMENDATION**

**FOR RENEWAL AND PROMOTION FOR COACHES**

For each category of evaluation and recommendation, one (1) original signed by the DEC and member evaluated and two (2) copies of the signed original.

1. **DATA:**

**Name** Date **Date**

**Department**

**2nd Semester Evaluation:** □ Years of Appropriate Professional Level Experience at CCSU





□ Years of Other Appropriate Professional Level Experience

**Promotion:** □ Years of Appropriate Professional Level Experience at CCSU





□ Years of Other Appropriate Professional Level Experience



**Renewals:** □ Years of Appropriate Professional Level Experience at CCSU



□ Years of Other Appropriate Professional Level Experience



**Present Rank** **Years at Present Rank**

**Requested Rank**

**Type of recommendation:** □ Renewal **Type of Evaluation:** □ 2nd Semester Evaluation

□ Promotion □ Final Year of Appointment

**Eligibility for Promotion:** □ Appropriate degree and specified years of appropriate professional level experience

□ Substantially comparable credentials and/or experience (Article 6.3)

1. **EVALUATION INSTRUCTIONS** (Article 6.3 and 6.8 )

**MINIMUM STANDARDS** (Article 6.3)

Minimum standards of appointment or promotion to each rank shall be:

I – Earned master’s degree for athletic trainer, master’s degree preferred for coaches, and two years of appropriate professional level experience.

II – Earned master’s degree for athletic trainer, master’s degree preferred for coaches, and three years experience.

III – Earned master’s degree for athletic trainer, master’s degree preferred for coaches, and five years experience.

IV – Earned master’s degree for athletic trainer, master’s degree preferred for coaches, and eight years experience.

A candidate who does not meet the above standards may also be appointed or promoted to a rank listed above, provided the candidate has credentials and/or experience substantially comparable to the listed standards.

**CRITERION AND CATEGORIES** (Article 6.8)

The criterion for evaluating coaches shall be the quality of service within the following categories, weighted in the order listed:

6.8.1 Administration and conduct of the assigned sport (e.g., adherence to institutional policies and applicable external rules governing the sport, fund raising, budget management, general program organization and administration).

6.8.2 Relationship with student athletes (e.g., recruitment of qualified student athletes, maintenance of acceptable graduation rates as established by the institution and team management).

6.8.3 Record of student athletes in competitive performance (e.g., program development, record of successful competitions).

6.8.4 Productive service to the department and University.

* + 1. Years in rank.
    2. Record of any disciplinary action in the member’s personnel file at the time of the evaluation.

1. **EVALUATION NARRATIVE:** COMPLETE FOR ALL EVALUATIONS AND RECOMMENDATIONS. In the Evaluation Narrative, address each of the categories listed in Section II of this form.
2. **RECOMMENDATION** (For Renewal, and/or Promotion)

Departmental Evaluation Committee: (Please type names and sign at right) Date:

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Coach Acknowledges Receipt of this Evaluation:

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Within five (5) working days, Coach evaluated may append comments which will be attached to this report.

Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Athletic Director)

Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(President)

NAME:

INVENTORY OF DOCUMENTS CONSIDERED FOR:

No. Description of Item Source Date Entered In File