

# COACH'S SPORT SKILL EVALUATION

## INSTRUCTIONS FOR THE COACH

### How to use this form:

After completing it, choose File, Save As, rename it, save to desktop or another folder. Email Athletic Director with form as separate attachment.

Coach \_\_\_\_\_

Sport \_\_\_\_\_

Level \_\_\_\_\_

\_\_\_\_\_ (student's name) is a candidate for the Selection/Classification Program. As the coach of the team, your complete assessment of his/her skill level is an important factor in this process. Please complete and return this form as soon as possible. The student's parents have given their child permission and the school physician has cleared him/her to be evaluated by you.

1. If you are familiar with the candidate, please write an evaluation of his/her skill level below. Supporting information would be helpful in determining proper placement, so be specific. If you are not familiar with the candidate, I would appreciate it if you would contact his/her former coaches for their assessment and schedule a short "audition" session if practical.

2. What level of play would you recommend for this student? \_\_\_\_\_ (level)  
Is it likely he/she would be in the starting lineup?  Yes  No

If not, what percentage of quality playing time would you estimate he/she would receive at that level? \_\_\_\_\_%

### NOTE:

Students elevated to advanced levels of competition by this process should be few and far between. The program is intended only for the unusually gifted athlete who has the physical maturity and athletic skills to be placed beyond other youngsters in his/her chronological age bracket. Abuses in the program by the decision makers who seek to satisfy the needs of the team rather than considering the well-being of the individual cannot be condoned. There are many potential social/emotional pitfalls that must be avoided, and once a student is elevated, the decision is irreversible. Please keep in mind that no practices may be attended until you are notified by the director's office that the student's parental permission has been granted and the student has successfully completed an athletic health appraisal and development screening by the school physician.

3. Rate this student's skills relative to other members of the team.

Below Average     Average     Above Average     Superior

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date