



Apprentice Coach Mentoring Program

Apprentice Evaluation Form

To be completed by Mentoring Coach

Committed to Helping Develop
Coaching Skills Throughout the Season



Season: _____

Apprentice Coach Name: _____

Mentor Coach Name: _____

Team: _____ Age Category _____ Level: A AA AAA

Club / Region: _____

	Exceptional	Satisfactory	Requires Improvement	Below Expectations
Willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses proper and safe techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates well with everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ability to motivate players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates maturity, self-control and respect for everyone involved in the game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress/Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What went well?

What improvements would you recommend to your apprentice coach concerning his/her techniques?

Mentoring Coach Signature: _____ Date: _____