



NAME _____

DATE _____

SUPERVISOR _____

EVALUATION AND REVIEW CHECKLIST COACHING STAFF

Starred (*) items must be signed and dated by Supervisor and Employee.

Completed

- | | |
|--|--------------------------|
| Evaluation by Supervisor* | <input type="checkbox"/> |
| Coaching Staff Self Assessment*
(For Coming Year) | <input type="checkbox"/> |
| Updated Job Description | <input type="checkbox"/> |
| Copy of Most Recent Licensure
(If Applicable) | <input type="checkbox"/> |
| Current Resume
(No Form Attached) | <input type="checkbox"/> |
| Evaluation of Supervisor
(Optional) | |