



NAME \_\_\_\_\_

DATE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

### **COACH EVALUATION AND REVIEW CHECKLIST**

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

- |                        | <b>Completed</b>         |
|------------------------|--------------------------|
| Coach Evaluation*      | <input type="checkbox"/> |
| Coach Self-Evaluation* | <input type="checkbox"/> |