

## IRVINE SWIM LEAGUE Coach Evaluation

Please send this form to the Coaches Coordinator ([coaches@irvineswimleague.org](mailto:coaches@irvineswimleague.org)) by the Wednesday prior to the Championship Meet

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Team: \_\_\_\_\_

Commendations:

Areas of Improvement:

Employment for next season?

Employee's Comments:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date

**Signature by the employee indicates that this evaluation has been read and discussed with the evaluator, but does not necessarily indicate agreement with all factors of the evaluation.**