



Portfolio:

Date submitted: _____

Resubmissions Required: **YES** _____ **NO** _____

Date Approved: _____

Resubmissions (if applicable):

Sections: _____

Date contacted Coach: _____

Resubmissions received: _____

Final Review completed: _____

Pre Brief

A. Pre Brief Date: _____

B. Pre Brief Check List

- ____ Explain evaluation process (what to expect, mics, time,)
- ____ Review Evaluation Tool: Outcomes, criteria, evidence and standards
- ____ Ask for Questions
- ____ Address foreseen challenges
- ____ Timelines (15 minutes prior to evaluation, 45 minute De Brief)
- ____ Get Directions

C. Pre Brief Notes:



Action Plan

1.	
2	
3.	
4.	
5.	

Coach: _____ **Date:** _____

Evaluator: _____ **Date:** _____

Recommendation: _____



RECORD OF GYMNASTICS FOUNDATIONS

Coach Evaluation

- Please print clearly if hand written
- Complete ONE form for EACH evaluation completed
- Ensure all requirements are attached

When **FULLY** completed email or fax to: education@gymnasticsontario.ca Fax: 647-344-4816

COACH	Name:		NCCP#:	
	Address:		Date of birth (dd/mm/yyyy):	
	City:	Province:	Postal Code:	Phone number:

C.E.	Name:		NCCP#:	
	Address:		Date of birth (dd/mm/yyyy):	
	City:	Province:	Postal Code:	Phone number:

DISCIPLINE	Artistic:	Active Start:	Trampoline:	Rhythmic:	Acro:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATION	Portfolio Approval date (dd/mm/yyyy):	Evaluation date (dd/mm/yyyy):	Duration of Evaluation:
	Age range of participants:	Participant level:	

Recommendation (Insufficient, Fair, Good, Excellent): _____

APPROVAL	Name Coach Evaluator(s):		NCCP #:	NCCP #:
	Signature:		Date (dd/mm/yyyy):	
	Signature:		Date (dd/mm/yyyy):	

PLEASE KEEP A COPY FOR YOUR RECORDS