

School: _____ Head Coach: _____

Sport: _____ VARSITY _____ JV _____ C

Person Completing Worksheet: _____ Date: _____

TEAM WORKSHEET

ATHLETIC PROGRAM SELF-EVALUATION

Under Washington State law, school districts are required to conduct annual self-evaluations of their athletic programs to determine if they are providing equal athletic opportunities for both boys and girls.

As a coach, your input is very important to ensure that your district is aware of any issues or concerns you may have within your program. This worksheet will provide accurate information for your building athletic director or designee. The recommended practice for completing this evaluation is to work with your team's entire coaching staff.

1. Is there a fee (*specific to this sport*) to participate? ☐ Yes ☐ No
If Yes, list fee _____
2. What is the total budget provided by the Building and/or District? _____
3. Is there a Booster Club *specifically* for this team? ☐ Yes ☐ No
- If Yes, is there documentation that purchases/budget has been submitted to the building and/or district Athletic Director? ☐ Yes ☐ No

INTERESTS AND ABILITIES

1. Number of students who tried out this season: _____ Males _____ Females
2. Number of students who participated this season: _____ Males _____ Females

Concerns/Comments for Interests and Abilities:

EQUIPMENT AND SUPPLIES

(Does not include stationary equipment – i.e. field goals)

1. Equipment/supplies provided by Building or District:

- ☐ Uniforms, practice
- ☐ Uniforms, game
- ☐ Shoes
- ☐ Other: _____

- ☐ Sport specific equipment (i.e. bats, helmets)
- ☐ Weight training/conditioning equipment
- ☐ Rain gear/warm-ups

2. Overall quality of equipment/supplies:
 - ☐ Poor: Does not meet safety standards, excessive wear and tear
 - ☐ Fair: Meets safety standards, moderate wear and tear
 - ☐ Good: Meets safety standards, little or no wear and tear
3. Is there a lack of equipment/supplies for each athlete? ☐ Yes ☐ No

Concerns/Comments for Equipment/Supplies:

SCHEDULING OF GAMES AND PRACTICE TIMES

1. _____ # of practices (per week) _____ Average practice length (hours) _____ Time/day of practice
2. Season: ☐ Fall ☐ Winter ☐ Spring *Is this an alternate season? ☐ Yes ☐ No
An alternate season is a sports season other than the regular sports season designated by the WIAA Executive Board
3. _____ # of regular season contests
4. Meets [WIAA maximum number of contests](#)? ☐ Yes ☐ No
5. _____ # Home _____ # Away
6. What is "prime time" day/time for games? _____
7. How many contests occurred during "prime time" this season? _____

Concerns/Comments for Scheduling:

FACILITIES

PRACTICE FACILITIES

1. Does your team use a facility not on your school property (i.e. Field is located at a different school building) ☐ Yes ☐ No
2. Do you share your facility during practice time? ☐ Yes ☐ No
 If yes – how often? _____ (per week)
3. What is the overall quality of the facility (circle one)?
 - ☐ Poor: Does not meet basic standards – no access to restrooms, damage evident, etc.
 - ☐ Fair: Meets basic standards, but improvements needed.
 - ☐ Good: Meets basic standards, no improvements needed.

Concerns/Comments for Practice Facilities:

COMPETITIVE FACILITIES

1. Does your team use a facility for Home Competitions which are not on your school property (i.e. Field is located at a different school building) ☐ Yes ☐ No
2. Do you share your facility during game time? ☐ Yes ☐ No
If yes – how often? _____ (per week)
3. What is the overall quality of the facility?
☐ Poor: Does not meet basic standards – no access to restrooms, damage evident, etc.
☐ Fair: Meets basic standards, but improvements needed.
☐ Good: Meets basic standards, no improvements needed.

Concerns/Comments for Competitive Facilities:

LOCKER ROOMS AND STORAGE FACILITIES

4. Do you have access to a locker room? ☐ Yes ☐ No
5. What is the quality of the locker room facilities?
☐ Poor: Does not meet basic standards – security, damage evident, etc.
☐ Fair: Meets basic standards, but improvements needed.
☐ Good: Meets basic standards, no improvements needed.
6. Do you have access to a storage room to store equipment and supplies? ☐ Yes ☐ No

Concerns/Comments for Locker Rooms and Storage:

COACHING

1. Number of Paid Assistant Coaches: _____ Males _____ Females
2. Number of Volunteer Coaches: _____ Males _____ Females
3. **Total Coaches (including Head Coach)** _____ Males _____ Females
4. What is the number of athletes per coach for your team? _____ (e.g. 12 athletes to 1 coach)
5. How much time do you spend coaching student athletes each week? _____ (average # of hours)
6. How much preparation time do you spend preparing for practices/games? _____ (average # of hours)
7. How many years of coaching experience do you have in this sport? _____ Any sport? _____

Concerns/Comments in Coaching:

PUBLICITY

1. Who handles publicity and promotional activities for your team? _____
2. Which of the following are available to your team?

| | |
|--|---|
| <input type="checkbox"/> Trophy cases | <input type="checkbox"/> Band at games (home) |
| <input type="checkbox"/> Banners/posters displayed | <input type="checkbox"/> Band at games (away) |
| <input type="checkbox"/> Radio/TV broadcasts | <input type="checkbox"/> Cheer/dance (home) |
| <input type="checkbox"/> Local Newspaper coverage | <input type="checkbox"/> Cheer/dance (away) |
| <input type="checkbox"/> Pep Rallies | <input type="checkbox"/> School newspaper coverage |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Reader board/marquee promotion |
| | <input type="checkbox"/> Programs |

Concerns/Comments for Publicity:

MEDICAL AND TRAINING

1. Does your team have access to a training/weight room? ☐ Yes ☐ No
2. Which training/weight room does your team use? _____
3. Is access to the training/weight room on a drop-in basis or scheduled? ☐ Drop-in
☐ Scheduled
4. Are trainers provided for any events for your team? ☐ Yes ☐ No
5. Is there medical services provided for home events? ☐ Yes ☐ No
6. Does the district provide medical and/or accident insurance for student athletes on your team?
☐ Yes ☐ No

Concerns/Comments for Medical and Training:

TRAVEL AND PER DIEM

1. If practice or "Home Game" competition facilities are off-site (not on your school property), is transportation provided by the Building or District? ☐ Yes ☐ No
2. Is transportation provided by the Building or District for your team to attend away events?
☐ Yes ☐ No
 - If No, what type of transportation is used to attend away events?

3. Does your team require overnight accommodations? ☐ Yes ☐ No
 - If Yes, what types of accommodations are provided? _____
4. How many athletes share a room? _____
5. Are team meals reimbursed by your Building or District? ☐ Yes ☐ No
 - If Yes, what is the rate per meal? _____

6. Has your team ever been denied any opportunities as a result of lack of funds for travel/accommodations? ☐ Yes ☐ No

Concerns/Comments for Transportation and Per Diem:

General Concerns/Comments not included above: