

School: \_\_\_\_\_ Head Coach: \_\_\_\_\_

Sport: \_\_\_\_\_ VARSITY \_\_\_\_\_ JV \_\_\_\_\_ JV2 \_\_\_\_\_

Person Completing Worksheet: \_\_\_\_\_ Date: \_\_\_\_\_

## TEAM WORKSHEET

### ATHLETIC PROGRAM SELF-EVALUATION

*In order to be in compliance with Title IX requirements, our school district is conducting a self-evaluation of our athletic programs to determine if we are providing equal athletic opportunities for both boys and girls. As a coach, your input is very important to ensure that our 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 participation fee specific to this sport?  Yes  No  
- If Yes, list cost \_\_\_\_\_
2. Are there any other fees/costs required of students to participate in this sport?  Yes  No  
- If Yes, list costs \_\_\_\_\_
3. What is the total budget provided by the Building and/or District? \_\_\_\_\_
4. Is there a Booster Club *specifically* for this team?  Yes  No  
- If Yes, is there documentation that purchases/budget have 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

Comments/Concerns regarding Interests and Abilities:

---

### EQUIPMENT AND SUPPLIES

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

1. Equipment/supplies provided by Building and/or District:

- |   |  |
|---|--|
| <input type="checkbox"/> Uniforms, practice | <input type="checkbox"/> Sport specific equipment (e.g. bats, helmets) |
| <input type="checkbox"/> Uniforms, game     | <input type="checkbox"/> Weight training/conditioning equipment        |
| <input type="checkbox"/> Shoes              | <input type="checkbox"/> Rain gear/warm-ups                            |
| <input type="checkbox"/> Other: _____       |  |
| _____                                       |  |

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

4. Is any equipment required for each athlete that is not provided by the Building and/or District?  
 Yes  No

5. If YES to number 4 above, who purchases this additional equipment?  
\_\_\_\_\_

Comments/Concerns about 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

3. \_\_\_\_\_ # of regular season contests

4. Meets [OSAA 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? \_\_\_\_\_
8. Is your team allowed to travel to compete in a “premier” event or tournament out of state?  
(e.g. winter break basketball, spring break baseball/softball, etc.)  Yes  No
9. If so, how often? \_\_\_\_\_
10. If so, how is the trip funded? \_\_\_\_\_

Comments/Concerns regarding Scheduling:

## FACILITIES

### PRACTICE FACILITIES

1. Does your team use a facility not on your school property (e.g. field is located at a different school building, city park, etc.)  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
4. Do you use “specialty” facilities during practice time (batting cages, etc.)?  Yes  No  
- If yes – how often? \_\_\_\_\_ (per week)
5. Do you share your “specialty” facility during practice time?  Yes  No  
- If yes – how often? \_\_\_\_\_ (per week)
6. What is the overall quality of the “specialty” 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

Comments/Concerns about Practice Facilities:

**COMPETITIVE FACILITIES**

- 1. Does your team use a facility for home competitions that is not on your school property (e.g. field is located at a different school building, city park, etc.)  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

Comments/Concerns regarding Competitive Facilities:

**LOCKER ROOMS, TEAM ROOMS AND STORAGE FACILITIES**

- 1. Do you have access to a locker room?  Yes  No
  
- 2. 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
  
- 3. Do you have access to a team room?  Yes  No
  
- 4. What is the quality of the team 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
  
- 5. Do you have access to a storage room to store equipment and supplies?  Yes  No

Comments/Concerns about Locker Rooms, Team 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. Total number of coaches (#3 above) who are full/part time employees of the school in a role other than a coach (on-campus coaches):  
\_\_\_\_\_ Males \_\_\_\_\_ Females
5. What is the number of athletes per coach for your team? \_\_\_\_\_ (e.g. 12 athletes to 1 coach)
6. How much time do you spend coaching student athletes each week? \_\_\_\_\_ (average # of hours)
7. How much preparation time do you spend preparing for practices/games? \_\_\_\_\_ (average # of hours)
8. How many years of coaching experience do you have in this sport? \_\_\_\_\_ Any sport? \_\_\_\_\_

Comments/Concerns about 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"/> Live broadcasts (Radio, TV, Internet)	<input type="checkbox"/> Cheer/dance (home)
<input type="checkbox"/> Local Newspaper coverage	<input type="checkbox"/> Cheer/dance (away)
<input type="checkbox"/> Social Media coverage	<input type="checkbox"/> School newspaper coverage
<input type="checkbox"/> Pep Rallies/Assemblies	<input type="checkbox"/> Reader board/marquee promotion
<input type="checkbox"/> Other _____	<input type="checkbox"/> Programs

Comments/Concerns about Publicity:

---

### MEDICAL SERVICES 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 athletic trainers provided for any events for your team?  Yes  No
5. Are 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

Comments/Concerns regarding Medical and Athletic 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

Comments/Concerns about Transportation and Per Diem:

---

General Comments/Concerns not included above:

