



**NATIONAL COACHING CERTIFICATION PROGRAM
DEVELOPMENT 1 – EVALUATION PROCEDURES**



EVALUATION PROCEDURES - COACH CANDIDATE

PART A: COACH CANDIDATE REQUEST FOR EVALUATION FORM

PLEASE COMPLETE THIS FORM ALONG WITH PART B & C: THE COACH DEVELOPMENT PLAN AND SEND IT TO

**BRANCH - ONTARIO WOMEN'S HOCKEY
PROGRAM DIRECTOR: COACH@OWHA.ON.CA
PHONE: 905-282-9980**

Name: _____ Res. Phone: _____

Mailing Address: _____ Alt. Phone: _____

Province: _____

City: _____ Postal Code: _____

Email: _____

NCCP – CC#: _____ or HCR # _____

Coach must have completed their MED online and bring the following to the evaluation of the practice:

- Completed Coach Workbook
- Completed Emergency Action Plan (EAP)
- Copy of Practice Plan to be executed on ice

For Office Use Only:

Date Received: _____

- Branch Contacted – staff person: _____
- Evaluator Contacted
- Documentation sent to evaluator

Evaluator Assigned: _____

Email: _____

Date: _____



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PART B: COACH DEVELOPMENT PLAN

Recent Coaching Experiences:

Yearly:	Team:	Organization/Level:	Coaching Role:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Coaching Aspirations (What's next?)

Short term goal(s): _____

Long term goal(s): _____

List 3 coaching skill areas you consider strengths:

1. _____

2. _____

3. _____



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List 3 coaching skill areas you wish to improve:

1. _____

2. _____

3. _____

List the steps necessary to achieve your goal(s):

Signed: _____ Date: _____

Part C: Schedules

Attach a full schedule of all practices. Based on the times submitted, an evaluator will contact you and set up a time that works for the both of you.