



Stockton Unified School District
Since 1852

COACHES HANDBOOK

SECTION VI

FORMS

**STOCKTON UNIFIED SCHOOL DISTRICT
COACHES HANDBOOK**

COACH'S SELF-EVALUATION

Coach _____ Date _____

Sport _____ Level _____

E = Excellent

S = Satisfactory

N = Needs Improvement

Teaching Personality

- _____ Self-control and poise
- _____ Appropriate sense of humor
- _____ Enthusiasm
- _____ Appearance
- _____ Good judgment
- _____ Proper behavior
- _____ Keeps things in perspective

Team Management

- _____ Punctuality
- _____ Proper supervision
- _____ Makes maximum use of time
- _____ Demonstrate care of equipment/facilities
- _____ Show proper team discipline/control
- _____ Utilizes staff

Professional Qualities

- _____ Rapport with staff
- _____ Upholds dept./school policies
- _____ Rapport with parents
- _____ Keeps AD informed

Coaching Performance

- _____ Has knowledge/expertise of sport
- _____ Has the ability to teach and motivate
- _____ Submits paperwork on time
- _____ Exhibits leadership
- _____ Organizational skills

Comments: _____

**STOCKTON UNIFIED SCHOOL DISTRICT
COACHES HANDBOOK**

ATHLETIC EQUIPMENT INVENTORY

SPORT _____ DATE OF INVENTORY _____

COACH _____ PAGE ____ OF _____

ITEM DESCRIPTION _____

QUANTITY _____ QUALITY: () GOOD () FAIR () POOR () UNUSEABLE

ITEM DESCRIPTION _____

QUANTITY _____ QUALITY: () GOOD () FAIR () POOR () UNUSEABLE

ITEM DESCRIPTION _____

QUANTITY _____ QUALITY: () GOOD () FAIR () POOR () UNUSEABLE

ITEM DESCRIPTION _____

QUANTITY _____ QUALITY: () GOOD () FAIR () POOR () UNUSEABLE

ITEM DESCRIPTION _____

QUANTITY _____ QUALITY: () GOOD () FAIR () POOR () UNUSEABLE

ITEM DESCRIPTION _____

QUANTITY _____ QUALITY: () GOOD () FAIR () POOR () UNUSEABLE

**STOCKTON UNIFIED SCHOOL DISTRICT
COACHES HANDBOOK**

ATHLETIC INVENTORY SHEET

SPORT: _____ COACH: _____

LEVEL: _____ DATE: _____

Athlete's Name	Description of Items	Number/Size	Date Issued	Condition	Date Returned	Condition

**STOCKTON UNIFIED SCHOOL DISTRICT
COACHES HANDBOOK**

GOLF EQUIPMENT

When equipment is returned, circle and initial

Name

Blue Shirt

White Shirt

Jacket

**STOCKTON UNIFIED SCHOOL DISTRICT
COACHES HANDBOOK**

(SPORT) _____

SCHEDULE

YEAR _____

GENDER _____

LEVEL _____

DATE	OPPONENT	SITE	TIME RELEASE TIME

Coach: _____ Phone No.: _____ Cell Phone: _____

Athletic Director: _____ Phone No.: _____ Cell Phone: _____

Principal: _____ Phone No.: _____ Cell Phone: _____

School Colors: _____ Mascot: _____

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(Coaches Manual)

**STOCKTON UNIFIED SCHOOL DISTRICT
COACHES HANDBOOK**

**SPORT _____ TRYOUT ROSTER
YEAR _____**

Name	Grade	Phone Number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____
11) _____	_____	_____
12) _____	_____	_____
13) _____	_____	_____
14) _____	_____	_____
15) _____	_____	_____
16) _____	_____	_____
17) _____	_____	_____
18) _____	_____	_____
19) _____	_____	_____
20) _____	_____	_____

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(Coaches Manual)

**STOCKTON UNIFIED SCHOOL DISTRICT
COACHES HANDBOOK**

**SPORT _____ ROSTER
YEAR _____**

	Name	Grade	Phone Number	HT.	WT.
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____
6)	_____	_____	_____	_____	_____
7)	_____	_____	_____	_____	_____
8)	_____	_____	_____	_____	_____
9)	_____	_____	_____	_____	_____
10)	_____	_____	_____	_____	_____
11)	_____	_____	_____	_____	_____
12)	_____	_____	_____	_____	_____
13)	_____	_____	_____	_____	_____
14)	_____	_____	_____	_____	_____
15)	_____	_____	_____	_____	_____
16)	_____	_____	_____	_____	_____
17)	_____	_____	_____	_____	_____
18)	_____	_____	_____	_____	_____
19)	_____	_____	_____	_____	_____
20)	_____	_____	_____	_____	_____

**STOCKTON UNIFIED SCHOOL DISTRICT
COACHES HANDBOOK**

**END OF THE SEASON RESULTS
YEAR _____**

Gender _____ Level _____ Sport _____
WON _____ LOST _____ TIED _____

COACH(ES): _____

League Record: Won _____ Lost _____ Tied _____ Place in League _____

<u>Date</u>	<u>Opponent</u>	<u>Home/Away</u>	<u>Our Score</u>	<u>Their Score</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Tournament Results:

<u>Date</u>	<u>Name of Tournament</u>	<u>Won/Lost</u>	<u>Tournament Standing</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Individual Players Recognition:

Player's Name: _____
Award: _____

Player's Name: _____
Award: _____

Player's Name: _____
Award: _____

Examples: 1st, 2nd, or Honorable Mention, All League; All Tournament, Tournament MVP; Team's MVP, Most Improved, Team Captain, etc.

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(Coaches Manual)

**STOCKTON UNIFIED SCHOOL DISTRICT
COACHES HANDBOOK**

AWARDS

Date: _____

To: High School Coaches
From: Athletic Director

Sport: _____ Coach: _____

Level: _____ Date of Awards Banquet: _____

Coaches: Please print the names of all players that will receive a letter, certificate or other awards.

Athlete's Name	Letter	Certificate	Other

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(AD Manual)

**STOCKTON UNIFIED SCHOOL DISTRICT
COACHES HANDBOOK**

END OF SEASON CHECKLIST

End of Season Checklist: Due no later than two weeks after the end of the season.

Sport: _____

Coach: _____

Level: _____

Date: _____

Before the coaching payment can be made, a number of items must be submitted to the Athletic Director (AD). (Once this is done and the material is in the AD's possession, the check will be issued.)

_____ All equipment put away and inventory turned in to AD.

_____ Lost Equipment Form completed and turned in to AD.

_____ Keys turned in to AD.

_____ Coaches' lockers cleaned and vacated.

_____ All team lockers cleaned and vacated.

_____ End of year results completed and turned in to AD.

_____ Awards list turned in to AD one week prior to awards. Get together.

_____ Coaching Manual turned in to AD.

_____ List of your equipment needs for next season.

_____ Coach's self-evaluation completed, signed, and turned in to AD.

_____ Teams Awards Ceremony

Day _____

Date _____

Time _____

Site _____

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(AD Manual)

**STOCKTON UNIFIED SCHOOL DISTRICT
COACHES HANDBOOK**

VOLUNTEER COACHES APPLICATION

Name: _____ Home Phone: _____
Birthdate: _____ Driver's License # _____
Address: _____ Work Phone: _____
City: _____ Zip Code: _____
Date Submitted: _____ Sport: _____

Previous experience working with youth: _____

As a volunteer coach for _____ High School, I understand that neither the Stockton Unified School District nor any member of _____ High School will compensate me for my services. As a volunteer my services are free (gratis), and I will not receive a financial reward for my volunteer services.

I also understand that before a coach can be compensated for any paid services the Stockton Unified School District Board of Education must officially ratify the Coach(es) as an employee of the District.

As a volunteer coach I understand that I must:

- Be fingerprinted and have a background check clearance.
- Have a TB clearance.
- Have valid First Aide and CPR certificates.

Coaches' Signature Date: _____

Athletic Director's Signature Date: _____

Principal's Signature Date: _____

**STOCKTON UNIFIED SCHOOL DISTRICT
COACHES HANDBOOK**

**READ COACHES HANDBOOK
AFFIDAVIT**

A coach's signature below verifies that he/she has read the SUSD Coaches Handbook and understands his/her responsibilities.

A coach does not work alone. His/her actions, or lack of them, affect each member of the coaching staff. If EVERYONE does his/her part, it will ensure that our athletic programs remain among the finest.

I, the undersigned, declare that I have read and understand the Stockton Unified School District's Coaches Handbook and all of its contents.

Coach's Signature

Date: _____

Printed Name: _____

**COACHES AFFIDAVIT OF NON-PURCHASE
OF ATHLETIC EQUIPMENT, ETAL.**

I, the undersigned, declare that I am aware that if I purchase athletic equipment, supplies, uniforms, and/or expend general fund or associated study body funds without written authorization by the school administrator in charge of athletics, I am subject to immediate disciplinary action, which may include termination as a school and district coach.

Coach's Signature

Date: _____

Printed Name: _____

Signature of Administrator in Charge of Athletics

Date: _____

Printed Name: _____

STOCKTON UNIFIED SCHOOL DISTRICT COACHES HANDBOOK

STIPEND REALLOCATION PROPOSAL

Stipend process:

1. The school Athletic Director and Principal will allocate the stipends as needed, but all recommendations must first be presented to the District Director of Athletics and forwarded to the Superintendent and Stockton Board of Education for final approval.
2. Each site will be assigned a specific number of athletic stipends per the current allocation.
 - a. In the site allotted number, there will be an allowance of up to seven (7) "Athletic" stipends to be reallocated for other athletic related duties.
 - b. Reallocation of unused coaching stipends is designed to compensate individuals who perform duties that are not necessarily coaching positions (i.e., athletic trainer, field set up, etc.) and are performed outside of the normal duty day or calendar contract days.
 - c. Individuals receiving reallocated "Athletic" stipend are allowed only one per season.

Please ensure that no stipends are being taken away from athletic sports that have adequate students to have a time. Also, please follow all Title IX guidelines.

Site: _____

Date: _____

Reallocation	Original Stipend	Gender	Used for	Gender	Rationale
1	\$				
2	\$				
3	\$				
4	\$				
5	\$				
6	\$				
7	\$				

Athletic Director's Signature _____

Date: _____

Principal's Signature _____

Date: _____

Coordinator of District Athletics' Signature _____

Date: _____

Title IX Coordinator's Signature _____

Date: _____

**STOCKTON UNIFIED SCHOOL DISTRICT
COACHES HANDBOOK**

MULTI-CAMPUS TRY-OUT CARD

Name _____

Grade _____

Current School (Circle 1): HCA Merlo PLA (Stagg Only) **SECA
Weber**

Home Address: _____

Please attach the following documents:

1. Transcript
2. Current Class Schedule
3. Physical Clearance

Athletic Director to fill out everything below this line.

Academic / /	<u>Fall</u>	<u>Winter</u>	<u>Spring</u>	<u>Level</u>
Physical _____	Football	Boy's Basketball	Baseball	Frosh
Contract _____	Volleyball	Girl's Basketball	Softball	Soph
Med Card _____	Girl's Golf	Wrestling	Track	FS
Textbooks _____	Girl's Tennis	Boys Soccer	Swimming	Varsity
	Water Polo	Girls Soccer	Boy's Tennis	
	Cross Country		Boy's Golf	
	Cheer	Badminton		

Eligible Ineligible Probation Needed CIF Paperwork Transcript

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
 Pending further evaluation
 For any sports
 For certain sports _____
Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
Address _____ Phone _____
Signature of physician _____, MD or DO