

SEQUOIA UNION HIGH SCHOOL DISTRICT  
**EVIDENCE OF MINIMUM COACHING COMPETENCIES**  
(Pursuant to Title 5, Sections 5593-5594, Coaching Competencies)

Name: \_\_\_\_\_ School: \_\_\_\_\_

Sport: \_\_\_\_\_ Date: \_\_\_\_\_

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>1. <u>Care and prevention of athletic injuries</u></b>  |                          |                          |
| a. Completion of college level course and CPR card; or   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Valid first aid card and CPR card; or   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Valid EMT 1 or 2 card; or   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Certification by the National or California Athletic Trainer's association; or  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Practical experience under supervision of athletic trainer or assisted in team athletic training/conditioning (must fulfill a, b, c or d prior to next school year) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Emergency Water Safety Certificate for any aquatic coaching   | <input type="checkbox"/> | <input type="checkbox"/> |

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|---|--------------------------|--------------------------|
| <b>2. <u>Coaching theory and techniques</u> (in assigned sport)</b>   |                          |                          |
| a. Completion of 2 unit college level course in theory/techniques; or   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Prior service as student/assistant coach; or   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Prior coaching in community youth athletic program in the sport to be coached (must attend in-service prior to coaching); or               | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Participation in competitive athletics in the sport to be coached at high school level or above (must attend in-service prior to coaching) | <input type="checkbox"/> | <input type="checkbox"/> |

- |  |                          |                          |
|--|--------------------------|--------------------------|
| <b>3. <u>Rules and regulations pertaining to the sport being coached</u> (must have all three)</b> |                          |                          |
| a. District rules and regulations<br>Method: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. League rules<br>Method: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. CIF regulations<br>Method: _____  | <input type="checkbox"/> | <input type="checkbox"/> |

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|--|--------------------------|--------------------------|
| <b>4. <u>Adolescent psychology related to participation in sports</u></b>      |                          |                          |
| a. Completion of 3 unit college level course in adolescent psychology; or      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Completion of a seminar on human growth and development of youth; or        | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Prior active involvement with youth in a school or community sports program |                          | <input type="checkbox"/> |

**5. Sports Medicine/Injuries Clinic/Seminar annually.** Date: \_\_\_\_\_

If any of the requirements above are not met, is the coach enrolled in a training program related to the requirement?

If any of the requirements above are not met, is the coach supervised by a fully qualified coach at each practice and competition session?

Original: Personnel  
Copy: School File

\_\_\_\_\_  
(Principal's Signature)