

Coach of the Year

Nomination Form

Nominee Information	
Coach Name:	
Mailing Address:	
Phone Number:	E-mail:
Gender: □ Male □ Female	
Nominator Information: Name:	
Relation to nominee:	
Phone Number:	E-mail:

Important Information

This nomination will be reviewed by Special Olympics Calgary's selection committee and the local recipient's name will be forwarded to be considered for the provincial award. Should they be successful at the provincial level, their nomination will then be forwarded to Special Olympics Canada for the national award.

Deadline: Nomination papers to be received at the office no later than May 6, 2016 Send to <u>karen@specialolympicscalgary.ca</u>

Continue to next page...

PARTICIPATION Please identify the sport(s) the nominee coaches. Curling Rhythmic Gymnastics Snowshoeing Floor Hockey Softball П Soccer П Skating – Figure 5 Pin Bowling Swimming П Skating – Speed 10 Pin Bowling Basketball П Skiing - Alpine П **Athletics** П Bocce Skiing – Cross Country П Power Lifting Golf П CONTRIBUTION TO SPORT IN SPECIAL OLYMPICS What has the coach done to encourage and support the development of all participants in the program? **COACHING EFFECTIVENESS** How has the coach's athletes demonstrated improvement? Provide specific examples of athlete/team improvement and achievement of goals. How has the coach demonstrated concern for the all-around development of the athlete? I.e. assisted the athlete in balancing sport, social and educational needs, and in developing confidence, selfdiscipline, independence and respect for others?

LEADERSHIP	
Provide specific exact	amples of how the coach has been a positive role model for his/her athlete(s) and
	amples of how the coach has demonstrated and practiced self-discipline, co- or officials and opponents, and proper attitudes in language, dress and deportmer
Do you have any ac	dditional comments?

Thank you for your nomination!

DEADLINE: May 6, 2016

karen@specialolympicscalgary.ca