­

**Athletes as Coaches Report Form**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

A report form must be filled out following completion of the leadership opportunity within one full calendar year and sent to Athlete Leadership Coordinator, Jordan Schubert at: jschubert@specialolympicspa.org via email.

**OR**

Attention: Jordan Schubert, 2570 Boulevard of the Generals, Suite 124, Norristown, PA 19430 via mail.

* + The report form is available on the SOPA website under the Athlete Leadership tab: <http://specialolympicspa.org/special-programs/initiatives/athlete-leadership>

The following trainings must be completed to coach Special Olympics:

|  |  |  |  |
| --- | --- | --- | --- |
| **√ If Completed** | **On-Line Course**  | **Link**  | **When Expires:** |
|   | Protective Behaviors | <http://www.specialolympics.org/protective_behaviors.aspx> | Must be renewed every three years  |
|   | Concussion Training | <https://nfhslearn.com/courses/38000> | Must be renewed every three years |
|   | General Orientation | <http://www.specialolympicspa.org/ways-to-help/volunteer/general-orientation> | Lifetime certification |

[ ]  Spend one full season as an assistant coach.

* Attend a minimum of 8 practices as an assistant coach.
* **Optional:** Attend local, invitational, sectional and / or state competition as an assistant coach.
* **Optional:** Attend a SOPA training school and complete SOPA practicum to become a certified coach.
	+ Following completion of SOPA training school, prospective coach must complete a practicum of:
* *A minimum of 10 hours* working with Special Olympics Athletesin the sport listed above is required to complete your Level 2 Certification.
* Up to five hours of coaching, with a **certified coach** during the training season that is taking place prior to the course. (ex. if you have 5 training sessions before you take your sport training, you may use 5 hours from this time as long as you were coaching under a certified coach)
* No more than three hours may be used from coaching during a competition (no matter how many days)

**Practice : Please record the practices you attended as an assistant coach:**

|  |  |
| --- | --- |
| **Date of Practice:** |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Competition (Optional): Please record the local, invitational, sectional and / or state competition you attended as an assistant coach:**

|  |  |
| --- | --- |
| **Name of Event:** | **Date of Event:** |
|  |  |
|  |  |
|
|
|
|
|  |  |
|  |  |
|  |  |

**Sign off**

I have completed my Athletes as Coaches practicum with the acknowledgement of my Head Coach or Local Program Training Coordinator.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Prospective Coach Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Head Coach / Training Coordinator Date**