

2020

**NCCP**  
**Competition 2**  
(Introduction Advanced)

**MAG/WAG**

**COACH EVALUATION**  
**Templates**



## STEP 1: Competition 2 Portfolio

**THE DOCUMENTS ON THE FOLLOWING PAGES ARE REQUIRED IN ORDER TO COMPLETE YOUR PORTFOLIO. THE TEMPLATES THAT ARE PROVIDED MAY BE USED, OR YOU MAY USE YOUR OWN FORMAT TO MEET THE EVALUATION EXPECTATIONS.**

The portfolio is a compilation of tasks required of the coach to prove their understanding of the coaching expectations in this level.

By building a portfolio, coaches develop competencies and increase the likelihood that they will be successful in the evaluation/certification process.

Use the Evaluation Form and Guidelines for Success to guide you.

### **Checklist of Portfolio Contents**

1. Coach Information
  - Coach Profile & Philosophy
2. Program Information
  - Description and Objectives
  - Communication tool
  - Club Handbook
3. Program Planning
  - Detailed Yearly Training Plan
  - 3 Weekly Training Plans (one for each period)
  - 3 Lesson Plans (one from each week)
  - Training and Competition Schedule Communication
  - Emergency Action Plan
4. Athlete Inventory and Forecasting
  - 2 Athlete Inventory and Forecasts (for each apparatus)
5. Skill Development Model
6. Spotting Skills Assessment
7. Coach Self-Assessment and Action Plan

## Coach Profile & Philosophy

<b>Name</b>																			
	<i>First Name</i>	<i>Last Name</i>	<i>NCCP number</i>																
<b>Head Coach / Supervisor</b>																			
<b>Gym sport and levels(s) / disciplines coaching</b>																			
<b>Name of program you are coaching</b>																			
<b>Number of years coaching and other programs you have coached</b>																			
<b>Other involvement in sport</b> (athlete, judge, admin)																			
<b>Other NCCP Training/Certifications</b>																			
<b>Personal goal in coaching</b> (what you want to achieve)																			
<b>My goal for my athletes</b>																			
<b>What is important for me when I coach/what are my coaching values?</b>																			
<b>What are my athlete's expectations of me?</b>																			
<b>What are my expectations for my athletes?</b>																			
<b>What are my expectations of their parents/guardians?</b>																			
<b>What are my expectations of other coaches (in training or at competition)?</b> (If applicable)																			

You may include these expectations for behaviour, commitment and any consequences if the expectations are not upheld by submitting a copy of a club/program handbook.

## Program Description and Objectives

<b>Number of athletes</b>		<b>Athlete ages and years of experience</b>	
<b>Athlete performance level(s)</b>		<b>Total number of practices in the season</b>	
<b>Gymnastics LTAD Stage(s)</b>		<b>Number of competitions in the season</b>	
<b>Differences in my athletes ages/stages of growth</b>		<b>Ratio of training to competition</b>	
<b>Season start and end dates</b>		<b>Similarities or differences in my program ratio to the LTAD expectations</b>	
<b>Number of practices / week</b>		<b>Length of preparation period, and # of training sessions within</b>	
<b>Days of the week training will occur (frequency vs. rest)</b>		<b>Length of competition period, and # of training sessions within</b>	
<b>Duration of practice times (note if different with period of the season)</b>		<b>Length of transition period, and # of training sessions within</b>	
<b>The goals of my program:</b>			
<b>The physical abilities priorities of my program</b> <ul style="list-style-type: none"> <li>• Pre-competition:</li> <li>• Competition:</li> <li>• Transition:</li> </ul>			
<b>The skill development objectives of my program</b> <ul style="list-style-type: none"> <li>• Pre-competition:</li> <li>• Competition:</li> <li>• Transition:</li> </ul>			
<b>The psychological training objectives of my program</b> <ul style="list-style-type: none"> <li>• Pre-competition:</li> <li>• Competition:</li> <li>• Transition:</li> </ul>			
<b>Performance objectives of my program (if applicable):</b>			

# Communication Tool

## Newsletter Template

**Name of Club:**

**Name of Program:**

**Program Philosophy:**

**Program Description:**

**Logo:**

**Program Goals:**

**Program Objectives:**

## Club Handbook

Club Name:

History:

Club Mission:

Club Vision:

Club Values:

Policies and Procedures (including complaints and clear disciplinary steps)

Goal-Setting Strategy between Coach and Athlete

Expectations for Behaviour\* (coach, athlete, parent/guardian, volunteer)

*\*True Sport Resource:*

[https://truesportpur.ca/sites/default/files/content/docs/pdf/truesportagreementenjan2019\\_1.pdf](https://truesportpur.ca/sites/default/files/content/docs/pdf/truesportagreementenjan2019_1.pdf)

Codes of Conduct (athletes, parents/guardians, coaches, volunteers)





# Weekly Training Plan

Period:

Dates:

Day:	Day:	Day:	Day:	Day:
Apparatus 1:	Apparatus 1:		Apparatus 1:	Apparatus 1:
Apparatus 2:	Apparatus 2:		Apparatus 2:	Apparatus 2:
Apparatus 3:	Apparatus 3:		Apparatus 3:	Apparatus 3:
Apparatus 4:	Apparatus 4:		Apparatus 4:	Apparatus 4:
Apparatus 5:	Apparatus 5:		Apparatus 5:	Apparatus 5:
Apparatus 6:	Apparatus 6:		Apparatus 6:	Apparatus 6:

Period:

Dates:

Routine:

½ routines:

Parts:

Day:	Day:	Day:	Day:	Day:
Apparatus 1:	Apparatus 1:		Apparatus 1:	Apparatus 1:
Apparatus 2:	Apparatus 2:		Apparatus 2:	Apparatus 2:
Apparatus 3:	Apparatus 3:		Apparatus 3:	Apparatus 3:
Apparatus 4:	Apparatus 4:		Apparatus 4:	Apparatus 4:
Apparatus 5:	Apparatus 5:		Apparatus 5:	Apparatus 5:
Apparatus 6:	Apparatus 6:		Apparatus 6:	Apparatus 6:

# Lesson Plan

Coach: _____	Date: _____
Group: _____	Start Time: _____ End Time: _____
Level: _____	Period of Season Plan: _____

Lesson Objective /Focus		Time:
Introduction		Time:
General Warm-Up		Time:
Main Part Apparatus _____	Specific Warm-Up	Time:
	Activities	Time:

Main Part Apparatus <hr/>	Specific Warm-Up	Time:
	Activities	Time:
Main Part Apparatus <hr/>	Specific Warm-Up	Time:
	Activities	Time:
Cool Down		Time:
Conclusion		Time:
Evaluation		

# Training and Competition Schedule Communication

## Competition Schedule

Event	J	F	M	A	M	J	J	A	S	O	N	D

## Training Schedule

Training Days:	
Training Times:	
Time Off:	

## Emergency Action Plan

Attach the medical profile for each athlete and for all members of the coaching staff. The EAP should be printed two-sided, on a single sheet of paper.

<b>Emergency phone numbers:</b>	
<b>Cell phone number of coach(es):</b>	
<b>Location of First-aid Kit:</b>	
<b>Address of home facility:</b>	
<b>Phone number of home facility:</b>	
<b>Charge person (1<sup>st</sup> option):</b>	
<b>Charge person (2<sup>nd</sup> option)</b>	
<b>Charge person (3<sup>rd</sup> option):</b>	
<b>Call person (1<sup>st</sup> option):</b>	
<b>Call person (2<sup>nd</sup> option)</b>	
<b>Call person (3<sup>rd</sup> option):</b>	

*Address of nearest hospital:*

*Directions to Hospital from Facility:*

### *Roles and Responsibilities:*

#### **Charge Person**

1.

2.

3.

#### **Call Person**

1.

2.

**Athlete Inventory and Forecast**

Athlete Name:

Athlete Level:

**INVENTORY Planning Sheet**

**FORECAST Planning Sheet**

**Skills to COMPETE this planning cycle**

**Skills NOW Performing**

**APPARATUS 1:**

**APPARATUS 1:**

- 1
- 2
- 3
- 4
- 5

- 1
- 2
- 3
- 4
- 5

**APPARATUS 2:**

**APPARATUS 1:**

- 1
- 2
- 3
- 4
- 5

- 1
- 2
- 3
- 4
- 5

**APPARATUS 3:**

**APPARATUS 3:**

- 1
- 2
- 3
- 4
- 5

- 1
- 2
- 3
- 4
- 5

**APPARATUS 4:**

**APPARATUS 4:**

- 1
- 2
- 3
- 4
- 5

- 1
- 2
- 3
- 4
- 5

# Skill Development Model

<b>SKILL</b> • Name, Description, Apparatus	<b>ATHLETE</b> • Gender, Age, Abilities
<b>PHYSICAL PREPARATION</b>	
<b>MOTOR PREPARATION</b>	
<b>TECHNICAL PERFECTION</b>	
<b>COACH'S CONSIDERATIONS</b>	



# ASSESSMENT FORM - Coach Spotting Skills

Coach's Name: \_\_\_\_\_

Spotting Assessor: \_\_\_\_\_

- Arrange a time for an assessment of your spotting. Contact your club supervisor/Head Coach or a co-coach that is at least Competition 2 trained (or NCCP Level 3) to complete this form while they assess you.
- **Choose 10 of skills listed below.**
- Include this completed evaluation form in your portfolio.

**\*\*NOTE:** If you do not have access to a suitable observer, you may submit your portfolio and discuss the need to complete "Spotting Skills" with your Coach Evaluator in your pre-brief

**Head Coach / Supervisor / Co-Coach Task**

- Assess the coach's ability using this form (if the coach requires more time to refine their spotting skills, please give them specific feedback)

<p><b>TUMBLING</b></p> <p><input type="checkbox"/> Roundoff backward handspring series</p> <p><input type="checkbox"/> Roundoff backward handspring salto backward</p> <p><input type="checkbox"/> Salto backward "timer" for Double Back (takeoff phase)</p> <p><input type="checkbox"/> Handspring forward to salto forward</p> <p><b>VAULT</b></p> <p><input type="checkbox"/> Handspring front "timer" (spot in front)</p> <p><input type="checkbox"/> Tsukahara "timer" (spot in front or from the side) or Tsukahara post flight</p> <p><input type="checkbox"/> Yurchenko "timer" (spot in front or from the side)</p> <p><b>BAR</b></p> <p><input type="checkbox"/> Giants backward on any Bar (no straps)</p> <p><input type="checkbox"/> Giants forward on any Bar (no straps)</p> <p><input type="checkbox"/> Flyaway backward</p> <p><input type="checkbox"/> Flyaway forward</p> <p><input type="checkbox"/> "Blind Change" from Giants</p> <p><input type="checkbox"/> Pirouette forward from Giants</p> <p><input type="checkbox"/> Stalder series (straps or bar)</p> <p><input type="checkbox"/> Endo series (straps or bar)</p> <p><b>WAG Asymmetric BARS</b></p> <p><input type="checkbox"/> Long swing release half turn to handstand on mats ("Overshoot")</p> <p><input type="checkbox"/> Sole circle backward series (not required to handstand)</p> <p><input type="checkbox"/> Kip cast handstand series</p> <p><b>WAG BEAM</b></p> <p><input type="checkbox"/> Handspring backward series</p> <p><input type="checkbox"/> Handspring backward layout step-out on a line or low Beam</p> <p><b>MAG RINGS</b></p> <p><input type="checkbox"/> Long swing to Dislocates above Ring height (with or without straps)</p> <p><input type="checkbox"/> Long swing to Inlocates above Ring height (with or without straps)</p> <p><input type="checkbox"/> Strength training sequence (minimum 7 different skills)</p> <p><b>MAG P BARS</b></p> <p><input type="checkbox"/> Long hang swing to either giant or moy to support</p> <p><input type="checkbox"/> Diamadov series (Boxes or low Bars)</p> <p><input type="checkbox"/> Salto backwards dismount</p>	<p><b>Coach's Position</b></p> <ul style="list-style-type: none"> <li>- Stable</li> <li>- Relation to Athlete</li> <li>- Relation to Apparatus</li> <li>- Moves with the athlete</li> </ul> <hr/> <p><b>Coach's Actions</b></p> <ul style="list-style-type: none"> <li>- Verbally explain to athlete what they are doing</li> <li>- Movements are supportive of the athlete in the most important phases</li> <li>- Follows the athlete appropriately</li> </ul> <hr/> <p><b>Setup / Equipment</b></p> <ul style="list-style-type: none"> <li>- Safe</li> <li>- Stable</li> <li>- Minimizes risk</li> </ul>
<p><b>Results</b></p> <p><input type="checkbox"/> Spotting Skills Assessment Complete <i>or</i></p> <p><input type="checkbox"/> Re-assess Spotting Skills in Lesson Observation</p>	<p><b>Feedback</b></p>

Assessor Signature: \_\_\_\_\_

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

## Competition 2 Coach Self-Assessment

Coaches who perform self-reflections are able to advance their coaching because of their skill to reflect on and think critically about their current coaching practices.

Read through each of the following Competition-2 skills.

**Select the rating that best represents how you feel about your coaching today.**

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

I Use A Program to Guide My Coaching By...	Always	Often	Some- times	Never
Planning a competition schedule and determining the number of competitions during the program				
Identifying the length of each period (preparation, competition, transition)				
Identifying the number, duration and frequency of training sessions in each period (preparation, competition, transition)				
Selecting weekly and daily activities appropriate for the training period				
Identifying areas in my program that may need adjustments to better develop athlete weaknesses				
Teaching competitive strategies that are age and level appropriate				
Ensuring program objectives are consistent with athletes' level, age and stage of development				
Adapting activities to the skill and fitness level of the athlete				

I Analyze My Athlete's Performance By...	Always	Often	Some- times	Never
Predicting and preparing physical preparation for the athletes to learn and refine skills				
Understanding the technical progression of level appropriate skills for all apparatus				
Prescribing an appropriate activity or drill to assist the athlete to improve their performance				
Selecting appropriate corrections, and explaining how and why that correction changes performances				
Observing skills from adequate vantage points				
Asking questions to athletes that facilitate their own awareness of skill errors				
Understanding the competitive rules and relating them to my athletes				
Making decisions in the benefit of the athlete today and in their long term future in the sport				

<i>I Manage A Program By...</i>	Always	Often	Some- times	Never
Teaching appropriate practice and competition rules				
Ensuring a safe practice environment				
Identifying expectations for behaviour and commitment along with appropriate consequences				
Demonstrating ability to work with other coaches				
Presenting reports of athlete progress throughout the program				
Ensuring privacy of athlete information and take steps to maximize confidentiality				
Allowing athletes and/or parents opportunities to discuss progress in relation to individual goals				
Using effective communication skills to promote program objectives				

### **Coach Development Action Plan**

1. In which area(s) do you feel the strongest and why?

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2. In which area(s) do you feel you still need to improve?

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3. What do you plan to do to improve? By when do you plan to improve?

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4. What help do you need from others (i.e. your club) to help you improve?

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5. What is the most positive experience you have had coaching the Comp 2 content?

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6. What has been one challenge you experienced while coaching the Comp 2 content?

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7. What are your short and long term coaching goals?

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8. What will help you achieve them?

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## NCCP Coach Evaluation Video Consent, Waiver, Indemnity and Release



To become a certified coach in the National Coaching Certification Program (NCCP), coaches are evaluated while they are teaching a gymnastics lesson.

A Gymnastics Canada trained NCCP Coach Evaluator will watch a video of my coach teaching a lesson.

I, the undersigned, understand my coach will submit video clips that will be accessed by a coach evaluator, and, as a participant, I agree to the following:

- I understand that the video will be used for the purposes of evaluating my coach.
- I waive all rights of compensation now or future, which I may have in connection with use of such video.
- I release, defend, indemnify and hold harmless the Coach Evaluator, PTSO, and/or Gymnastics Canada from and against any claims, damages or liability arising from, or related to, my participation in videotaping lessons and the use of the video for purposes of coach evaluation.
- By participating in the video, the participant, on behalf of the participant or the participant's child, expressly releases the Coach Evaluator, PTSO, and/or Gymnastics Canada from all claims arising out of the use of a photograph or video, including claims for invasion of privacy.

### PARTICIPANT NAME

Participant Name (please print) \_\_\_\_\_ E-mail \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone \_\_\_\_\_

### PARTICIPANT CONSENT

I am over 18 years of age and have read this release and am fully familiar with its contents. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators, and assigns.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENTAL / GUARDIAN CONSENT (required for individuals under the age of 18)

I am the parent or guardian of the minor named above and have the legal authority to execute a waiver and release on his or her behalf as stated above. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators, and assigns.

Name (please print) \_\_\_\_\_ E-mail \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent / Guardian (if under age 18) \_\_\_\_\_ Date \_\_\_\_\_