



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 Athletes in 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