



ATHLETIC COACHING ACTIVITY SUMMARY AND CRITIQUE FORM

(DUE THREE WEEKS AFTER END OF SEASON OR NO LATER THAN MAY 30TH)

HEAD COACH: _____ EMPL. ID# _____ DATE _____

SCHOOL YEAR _____ SPORT _____ BUILDING _____

THIS FORM MUST BE COMPLETED AND ALL REQUIREMENTS SATISFIED BEFORE PAYMENT WILL BE MADE. INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.

ASSISTANT COACH _____ EMPL ID# _____

- Paid
- Volunteer

1. All Duties Completed	YES	NO	N/A
2. Evaluation Completed	YES	NO	N/A

ASSISTANT COACH _____ EMPL ID# _____

- Paid
- Volunteer

3. All Duties Completed	YES	NO	N/A
4. Evaluation Completed	YES	NO	N/A

(IF MORE THAN 2 ASSISTANT COACHES, PLEASE ATTACH ADDITIONAL FORMS)

REQUIREMENTS:

• All equipment has been inventoried and properly stored	YES	NO	N/A
• A copy of the inventory is attached	YES	NO	N/A
• Equipment needs for next season have been assessed	YES	NO	N/A
• A complete prioritized order is attached	YES	NO	N/A

APPROVED FOR PAYMENT

HEAD COACH _____

ATHLETIC DIRECTOR _____

ASSISTANT SUPERINTENDENT _____

DIRECTOR OF BUSINESS OPERATIONS _____