

INVER GROVE HEIGHTS COMMUNITY SCHOOLS
Independent School District 199

534 F10
Adopted:

Post-Participation Questionnaire

School _____ Date _____

Administrator _____ School Year _____

To be Completed by Middle School Principal

1. How many student athlete applications did you receive this year?
2. How many staffings did you have for gifted athletic status?
3. Results: Number accepted _____
Number denied _____
4. What is your overall appraisal of how the program has worked this year?
5. Overall, what effect has it had upon the athletes selected or denied?
6. What suggestions would you have to make the program more effective?

Please return this form to the District Activities Director to keep on record for later program evaluation.