

INVER GROVE HEIGHTS COMMUNITY SCHOOLS
Independent School District 199

534 F9
Adopted:

Student _____

Address _____

Phone (_____) _____ *street* _____ *city, state* _____ *zip code* _____ Sport _____

To be Completed by High School Coach

Directions: Please complete the form below and return it to the District Activities Director within two weeks following the completion of the season.

1. Were there any transportation problems or concerns relating to this student's movement from the middle school to the high school?
2. Was this student accepted as a teammate by the other members of the high school team?
3. Was this student able to compete successfully at the high school level?
4. Did the added pressure cause or promote any emotional or psychological problems for this student?
5. Overall, was this a positive or negative experience for this student? Why?
6. Please make any additional comments in regards to the evaluation of this program.

Thank you for sharing this information and your perceptions.

Coach's signature

Date