

**EASTERN GUILFORD HIGH SCHOOL
ATHLETIC DEPARTMENT**

END SEASON ACADEMIC SUMMARY

Coach: _____ -- Sport: _____

Year: _____

Please check the items below that best indicate your efforts to monitor the academic progress of your athletes during the season. This completed form must be submitted to the athletic director within 2 weeks of the conclusion of the season. Attach evidence where appropriate.

Check all that apply.

- ☐ Check Progress Reports
- ☐ Check Report Cards
- ☐ Weekly Progress Checks
- ☐ Conference with Individual Teachers
- ☐ Counseling with Individual Athletes
- ☐ Other – Please explain:

Coach's Name: _____ Sport: _____

Coach's Signature: _____ Date: _____