INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number **604.4.1.3.8P** Adopted **November 1986** Revised **January 2013**

Title **High School Coach Evaluation: Middle School Student Participation in High School Junior Varsity or Varsity Athletic Activities—Gifted Athlete**

Student's name _____

Middle school _____ Sport _____

High school where student participated _____

Please complete and return this form to the student's middle school principal 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.

_____ _____
High school coach signature Date