

TO: All Coaches

FROM: Cynthia Lauzon, Director of Physical Education and Athletics

RE: End of Season Report

Please complete the attached End of Season Report and return to Angela. ***Your payroll will be submitted for the next pay period following receipt of information and authorization by the Athletic Director.***

Written Report – Please summarize your season and include the number of cuts you made and the number of players that quit during the season.

Collection of Uniforms and Equipment – When you have them collected and all clean, let me know. If there is a problem getting them cleaned, I can take care of that. All uniforms will be turned in to me to conclude your season.

\*Key/**Swipe Card** returns – to main office of school where you got the key. Have the office sign off when this is done. **All swipe cards must be turned in at the end of the season to Angela.**

Medical Kits/AEDs & Water Cooler – return to Athletic Trainer at OHS and he will sign off.

**\*\*Post-Program Reports – This form is required to be filled out. The blue form is for this current season.**

If you have any questions regarding any of this, please contact me at 315-341-2019 or email and I can fully explain. Thank you for your help in bringing all the ends of the season together successfully.

/am

Awards roster

Sport/level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Season/year:\_\_\_\_\_\_\_\_\_\_\_\_\_ season/league record:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*TEAM BANQUET DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **LAST NAME** | **FIRST NAME** | **Cert.** |
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*\*This is for office use*

Season Record

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| Opponent | W/L | Score |
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Season Summary

Summarize your season and include the number of cuts you made and the number of players that quit during the season.

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SPORTS TEAM INVENTORY

SPORT: LEVEL: YEAR: \_\_\_\_\_\_\_\_\_\_COACH:\_\_\_\_\_\_\_\_\_\_\_

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| Jersey  # / Size / Color | Pant/Short  Size / Color | Misc. Equipment/Quantity |
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| Storage Location: |  | Storage Location: |

**SPORT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COACH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEASON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  |  | COACH INITIALS | SUPERVISOR INITIALS |
| ***ATHLETIC INVENTORY*** | All uniforms/equipment have been turned in to the Athletic Director & the Sport Team Inventory has been completely filled out.  Other arrangements: |  |  |
| ***INJURY REPORTS*** | **ALL ATHLETIC INJURIES** regarding players on my team injured while participating in Interscholastic athletics while under my supervision have been reported to Angela Miller. |  |  |
| ***MED KIT/SUPPLIES*** | 1 MEDICINE KIT  1 COOLER  Other arrangements: |  |  |
| ***ATHLETIC KEYS*** | All turned in  Other arrangements: |  |  |
| ***ATHLETIC SWIPE CARD*** | All turned in  Other arrangements: |  |  |

Coach Signature: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletic Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POST-PROGRAM**

**EXTRA COMPENSATORY POSITION REPORT**

This form is to be completed by the advisor, supervisor or coach and initialed by the building principal when the program concludes or at the request of the building principal.

Staff Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Assignment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of Activity: Beginning Date: \_\_\_\_\_\_\_\_\_\_\_

Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Pupils Participating: \_\_\_\_\_\_\_\_\_

Number of Sessions per week: \_\_\_\_\_\_\_\_\_\_\_

Number of Hours per week with direct student involvement: \_\_\_\_\_\_\_\_\_

Number of Hours per week with planning or preparation: \_\_\_\_\_\_\_\_\_\_\_

Accomplishments and Achievements of Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WRITTEN REPORT (How the season went, highs and lows, concerns)-*continue on back of page if needed*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

(Advisor, Supervisor or Coach)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

(Athletic Director)