

High Performance Athlete (HPA) Program Coach's Referral Form

Name of Applicant: _____

Current Grade: _____

Sport: _____

Coach Information

Name of Coach: _____

Phone #: _____ Cell #: _____

Email Address: _____

1. How long have you coached this applicant?

2. At what level(s) is the applicant presently competing?

3. To what extent do you expect training and competition to conflict with the applicant's attendance in classes?

4. Circle the period of time during which this athlete will be involved in most of the training.

September - February

February - June

5. Are you willing to provide this student with a Cooperative Education placement within this sport?

Yes

No

6. Are you willing to assume the responsibilities of the training supervisor for this student athlete (see Coop Experiential Agreement)? Yes No

7. What would be considered an average training schedule for the applicant? Please attach a sample training schedule or fill in the chart provided below. Please be specific with respect to times, number of hours and intensity. Include related (dry-land) training as well.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Training type							
Duration of training							
Range of Intensity (1-4): 1 easy-4difficult							

8. Please assess based upon your knowledge of the athlete.

Character Traits of Applicant	Not Evident	Some Evidence	Evident
1. Attends practice on-time, ready with equipment			
2. Arrives to practice well rested			
3. Demonstrates a positive attitude towards coaches and team-mates			
4. Copes with workload in a positive way			
5. Listens carefully to coaches and follows direction			
6. Accepts criticism well			

Comments:

Coach's Signature: _____ Date: _____

Thank You
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