

**End of Season Head Coach Report for**

**Adirondack Grant Recipients**

**Season:** (year) \_\_\_\_\_ **Short Course** \_\_\_\_\_ **Long Course** \_\_\_\_\_

**Swimmer Name:** \_\_\_\_\_

**Club:** \_\_\_\_\_

**Head Coach:** \_\_\_\_\_

**Describe your overall impression of swimmer's commitment.**

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**Did he or she attend the required number of practices for their practice group?** \_\_\_\_\_

**How many practices per week on average did the swimmer attend?** \_\_\_\_\_

**How many were available?** \_\_\_\_\_

**Did the swimmer attend meets?** \_\_\_\_\_ **How many?** \_\_\_\_\_

**Did this satisfy your team's requirements?** \_\_\_\_\_

**Would you recommend this athlete for continued grant support?** \_\_\_\_\_

**Is there anything else you would like to add?**

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**Head Coach Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_\_\_

This form is required to be submitted to the AD Outreach Coordinator.

Deadline: 10 days after District Championships. Email to Jeff Luks ... [swimmerluks@gmail.com](mailto:swimmerluks@gmail.com)

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