

POST-SEASON ASSESSMENT-SEC. VIII SPORTS COORDINATORS

COORDINATOR INFORMATION

Sport: _____

Name: _____

No. of years as coordinator: _____

E-mail: _____

Home Phone: _____

Work Phone: _____

SPORTS COMMITTEE

High School Athletic Association Representative: _____

Coaches' Association Representative: _____

Representatives from each Division (1) or Conference (2):

Name	School	Division/Conference Represented

Ex-Officio Members (ie: Officials' Association rep, Modified Sports Committee rep, etc.):

Additional Members:

Are you satisfied with the make-up of your Sports Committee? _____
 If not, what changes would you recommend?

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MEETINGS

Pre-season meeting date(s): _____

In-season meeting date(s): _____

Post-season meeting date(s): _____

****ALL MEETING MINUTES MUST BE ATTACHED TO THIS REPORT****

CHANGES/CONCERNS

What major changes (i.e. alignments, post-season play format, experimental rules changes, etc.) if any, did the sports committee adopt for this past sports season and implement? (Note: with the High School Athletic Association/Athletic Council approval)

Was the Sports Committee satisfied with these changes? _____

If not, why?

What areas remain important concerns for you as the Section VIII Coordinator and/or your sports committee, and will need discussion **prior to next season** (and the attention/approval of the HSAA and the Athletic Council)?

Is it your wish to continue serving as the Section VIII Coordinator? _____

Comments (optional):