

Virginia Tech Athletics Department

IN-PERSON, OFF-CAMPUS EVALUATION SUMMARY

INDIVIDUAL SPORTS

SPORT: _____ **COACH:** _____

SUMMER EVALUATION:

NAME OF EVENT <i>(tournament / invitational / game, vs./match, vs./etc.)</i>	DATE	TIME	CITY, STATE WHERE EVALUATION OCCURRED	EVAL TYPE				TARGET PROSPECTS <i>(attach if necessary)</i>	OTHER PROSPECT(S) EVALUATED <i>(attach a list of those competing with target prospect(s))</i>
				ACADEMIC	Athletic Observation				
					PRAC	COMP	OTHER		

This is a complete record of all in-person, off-campus EVALUATIONS made by me during the date(s) indicated. I affirm that I have complied with all NCAA, ACC and Virginia Tech regulations and standards during the activities listed above. I understand that it is my responsibility and the responsibility of my sport's staff to maintain an accurate record of all contacts and evaluations for all prospects and their teams. It is my responsibility to forward this original to the Compliance Office and keeping a copy for my records.

Give Original to Compliance Office and Keep a COPY for your Records

COACH'S SIGNATURE

DATE