

Virginia Tech Athletics Department
IN-PERSON, OFF-CAMPUS EVALUATION SUMMARY

TEAM 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 TEAM <i>(please attach roster)</i>	TYPE OF TEAM <i>(HS / Club / JC)</i>	TARGET TEAM'S OPPONENT <i>(if evaluated during competition)</i>	TARGET PROSPECTS <i>(attach if necessary)</i>
				ACADEMIC	Athletic Observation					
					PRAC	COMP				

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**