Weekly/Monthly Summary of Contacts, Observations and Evaluations

Sport: _____ Coach: _____ Week/Month: _____

Name of Prospect AND Team OR Coach/Guidance Counselor **NOTE:** if watching a game you must include the names of **both** teams	(Indicate) C=Contact O=Observation E=Evaluation	(note one) Prospect Yr. Fr., Soph, Jr. Sr., 2/4 Tran.	Date(s)	(contacts only) Persons present	City and State	**Activity** (e.g., HS game, D.C. Classic practice, open gym, home visit, school visit)

Note: Permission to visit letter MUST be attached for contacts with the prospect at the prospect's educational institution that occur during the academic day.

I have reported all contacts, observations and evaluations with prospects or their parents during the time period indicated. I affirm that I have fully complied with all NCAA recruiting rules (NCAA Bylaw 13) and with conference and institutional rules during my recruitment of these prospects and their parents.

Signature of Coach: _____ Date: _____