

Date: _____

Student-Athlete: _____

1st Semester

CY-CREEK ATHLETIC TRAINING
U I L GRADE SHEET

MONITORING DAILY PROGRESS

In an effort to monitor the completion of daily work, homework, test, quizzes by our student-athletes, we have requested your voluntary assistance with the following form. With your help, we will improve the student's work habits at home and at school, motivate the academically and detect individual deficiencies/ problems immediately.

If a student-athlete shows lack of responsibility in behavior, please indicate this in it given column and indicate a time that we may contact you concerning any matters. If a student needs to attend tutorials please indicate this in the comments section. Please sign or initial the appropriate column(s) below. Also, if you feel the need to make immediate contact with us, please e-mail one of the staff athletic trainers, or head coach at any time.

THANK YOU, *Sports Medicine Staff*

Period	Course	<u>FAILED</u> to Complete Assignment	Completed & Submitted Assignments	No Assignments Required	Passing or Failing as of <u>TODAY</u>	Comments: Behavior, etc.
1						
2						
3						
4						
5						
6						
7						

Additional Comments: _____

Athletic Training Staff: Erin Godfrey, Mahalia Revetta