AMES HIGH SCHOOL
INTENSIVE ASSISTANCE PHASE I

Coach: _____ **Current Date: _____**
Sport: _____ **Next Meeting Date: _____**

Specific Concerns for the following Coaching Standard(s):	Action Plan/Sources of Assistance:

Comments:
Administrative Recommendation (s): (To be completed at Review date/s)

	CONCERN RESOLVED
	CONCERN NOT RESOLVED, CONTINUE PLAN UNTIL _____
	CONCERN NOT RESOLVED, RECOMMEND INTENSIVE ASSISTANCE PHASE II

Coach Signature and Date: _____ Review Date & Initials _____
The signature of the teacher does not indicate that the teacher agrees with the content of the review, only that s/he received a copy.

Evaluator Signature and Date: _____ Review Date & Initials _____