**ATHLETICS DEPARTMENT**

**TO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE SENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**REQUEST FOR COACHING VERIFICATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FIRST NAME MIDDLE / MAIDEN NAME LAST NAME SOCIAL SECURITY NUMBER**

Has applied to Caddo Parish Public Schools for a Coaching position at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(School) and has indicated previous Coaching experience in your system at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during the school session as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We kindly request that you complete the following in order that we may allow credit for his/her Coaching experience.

**NOTE: Use a separate line for each year**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FROM** | **TO** | **SPORT COACHED** | **SCHOOL** | **COMMENTS** |
| **MONTH** | **YEAR** | **MONTH** | **YEAR** |  |  |  |
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A year of Coaching is defined as each scholastic year of employment as a Coach in public schools within any fifty states of the United States of America, or within any of its territorial possessions; or as a Coach in a private or parochial school; or as a Coach in an institution of higher learning. All such experiences must have been as a Coach in an institution or school accredited by one of the recognized regional accrediting agencies in the USA (e.g. SACSO. Experience outside the USA, its territories or possessions must be in an institution or school accredited by an accrediting agency recognized by the USA.

**Total number of years Coaching in your system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would this person be considered for re-employment in your system? YES \_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**