

CADDO PARISH PUBLIC SCHOOLS

P.O. BOX 32000 • Shreveport, LA 71130-2000 • Office 318.603.6358 • FAX 318.603-6364

Rev. 04/12/19

ATHLETICS DEPARTMENT

TO: _____

DATE SENT: _____

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			

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:** _____

RETURN OF ORIGINAL FORM SHOULD BE VIA FAX to 318.603.6364 or E MAIL to mrobinson@caddoschools.org
INSTRUCTIONS TO THE COACH: It is the responsibility of the Coach to obtain verification of Coaching experience through the following procedures:

1. Complete the top section of this form and mail to respective district(s).
2. It is the Coach's responsibility to check with the Athletic office to make certain this form has been received. If the form has not been received in the Athletic office, the Coach is responsible for follow-up.
3. The Coach has **30 days** from the date of receipt of this form to return your verification.