Eastchester Union Free School District

Eastchester Athletic Department
(914) 793-6130, ext. 4230
(914) 793-6562 fax

Verification of Probation Study for Athletic and Extracurricular Eligibility

Name of Student:_____Date:_____

Grade:_____Sport/Club/Activity:_____

Subject:_____

Please fill in appropriately:
_____Student has made at least two attempts for extra help/remediation this week.
_____Student has made little effort to improve.
_____Student is now passing with an approximate grade of _____.
_____Student is now failing with an approximate grade of _____.

Comments:_____
_____
_____
_____
_____
_____

Teacher signature:_____

Coach/Advisor signature:_____

Return to Director of Athletics, Physical Education & Health by Friday each week Date:

Action taken: