

Verification of Completion of a Sport Specific Internship for NYS Athletic Coaches using the NFHS Pathway

Instructions for the Coaching Candidate

Please complete Section I with your information and request your internship evaluator complete section 2 and return the form by either emailing TCREGCERT@nysed and/or sending directly to the Office of Teaching Initiatives by mail to:

New York State Education Department
Office of Teaching Initiatives
89 Washington Ave
Albany, NY 12234

Instructions for the Coaching Internship Evaluator

Please complete Section II. This form must be completed by the person evaluated this coaching candidate. The form must be completed and submitted either by emailing TCREGCERT@nysed and/or sending directly to the Office of Teaching Initiatives by mail to:

New York State Education Department
Office of Teaching Initiatives
89 Washington Ave

CID 88 >> BDC 8119205NY 02342540.0) 4388744021553291735248.64086 (1-07-87508) (952 5T 695.2 25(A)408
Sort

: ____ / ____ / ____
mo day year

Attestation:

The undersigned hereby attests that he/she is the Internship evaluator of the above described certification candidate. The coaching candidate has demonstrated the competencies as listed on the Internship Evaluation form and meets or exceeds expectations. See link: <http://www.p12.nysed.gov/ciai/pe/toolkit.htm> The Internship Evaluation Form is found under the heading Athletics and Coaching

School District/Agency/Organization Name: _____

Address: _____

Phone number: _____ Email: _____