COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION

14855 EAST SECOND AVENUE
AURORA, CO 80011
303-344-5050

INTERACTIVE 2013-2014 COACHES TEST REPORT

Date: _____ **SCHOOL** _____

☐ The following coaches and the Athletic Directors have all taken the CHSAA coaches test and have passed with 100% accuracy, and completed the CHSAA concussion education requirements.

	NAMES	Coaches Test	Concussion in Sports	SPORTS / ACTIVITY
EXAMPLE	SHARON GARCIA	X	X	

_____
Signature REQUIRED by Athletic Director or Principal.

This form should be on file at the CHSAA office prior to the competitive season. (fall-August 23,winter-November 15, spring-March 7), as per CHSAA Bylaw 1620.1