

	<p>Northern Section, CIF 2241 St. George Lane, Suite 2 Chico, CA 95926 530-343-7285 530-343-5619 fax lkyle@cifns.org www.cifns.org</p>
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ASSESSMENT REPORTING FORM

Date of Report: _____

Assessor Name: _____

This is to confirm that on _____
 (Month, Day, Year of Assessment)

_____ High School presented the following athletes to be assessed:
 (Name of School)

_____ wrestlers for an INITIAL assessment
 (# of wrestlers)

_____ wrestlers passed the hydration test and successfully completed the assessment
 (# of wrestlers)

_____ wrestlers failed the hydration test and will need to be re-assessed
 (# of wrestlers)

AND/OR *****

_____ wrestlers were RE-ASSESSED
 (# of wrestlers)

_____ wrestlers passed the hydration test and successfully completed the re-assessment
 (# of wrestlers)

_____ wrestlers failed the hydration test and will need to be re-assessed again.
 (# of wrestlers)

Note: A stipend of \$5 per wrestler will be submitted to the assessor. This form will serve as your invoice to the Northern Section office. Individual Profile Forms must be on file in the Northern Section office before a check can be issued.