C. Athletics Corrective Action Plan

District:

School Name:

If the district is out of compliance, please answer the following questions:

How is your school out of compliance with athletics requirements in the Athletics Compliance Verification Form? Select all indicators that apply.

☐ Sports Participation	☐ Equipment and Supplies	☐ Game and Practice Schedules
☐ Travel and Per Diem Allowances	☐ Coaching and Academic Tutoring	☐ Sports Facilities
☐ Medical and Training Facilities/Services	☐ Athletic Program Publicity and Promotion	☐ Support Services

What are the planned actions to address the deficiencies found in athletics?

What is the timeline for addressing the deficiencies found in athletics?

We hereby verify that the above corrective action plan will be implemented to bring the institution into compliance within the time frame indicated in the Plan.

Principal Signature _____ **Date** _____

Superintendent Signature _____ **Date** _____