



6830 Via Del Oro Suite 103, San Jose CA 95119 408-224-2994

Wrestling Weight Management Program

CCS ASSESSORS REPORTING FORM

When you have completed an assessment for a school(s), (including entering the data on the NWCA web site), please remit all the Individual Profile forms for that school along with this cover sheet for each school to the CCS within one week of assessment.

Thank you.

NAME OF ASSESSOR: _____

➤ ATTACHED ARE ALL THE INDIVIDUAL PROFILE FORMS RECEIVED FROM:

_____ High School, at an assessment held
school name

on: _____ at _____
assessment date assessment location



1. Number of initial assessment IPF's attached _____ x \$2.00 = \$ _____

2. Number of re-assessments IPF's attached _____ (no \$ due to CCS for these)

3. Number of appeal assessment IPF's attached _____ x \$2.00 = \$ _____

CHECK IS ENCLOSED _____
(due to CCS)

TOTAL NUMBER OF IPF'S FOR THIS SCHOOL ATTACHED _____
(Initial IPF's + reassessments)

Person Submitting this form: _____
Print Name

Submit all IPF's and this report form in the self addressed envelope provided within a week of the school's assessment date to CCS at the address above. THANK YOU!