

**CJW Medical Center**  
**The Comeback Athlete of the Year College Scholarship**  
Coach Recommendation Form

**This form must be filled out by the athlete's head coach(es).** If the athlete participated in more than one sport during or after rehabilitation, each coach should fill out a recommendation form. Recommendations from other coaches, the athletic director or the principal are permitted, but not required – **however, additional recommendations should also be written on a copy of this form.**

Athlete's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Rate from 1 (lowest) to 10 (highest) the athlete's ability to deal with:

\_\_\_\_ 1) The initial shock of the injury.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 2) The rigors of returning to practice after the rehab process.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 3) Setbacks during rehab and/or the return to practice.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 4) Academic progress while injured.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 5) The approach to the release date and a return to full activity.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 6) Decline in pre-injury athletic levels.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

