

PLAN THE LAUNCH AND THE DECISION

A focused start. A clear next decision.

Agree what the pilot should answer before athletes begin.

STANDARD UNIVERSITY PILOT

\$7,500 / 12 weeks / Up to 50 athletes

Different cohort sizes, timelines or services can be scoped around your needs.
Your written agreement confirms the cohort, dates, services and price.

01	Before launch	Name owners. Agree consent, access, support hours, escalation routes, success measures and the purchasing deadline.
02	Week one	Check onboarding and initial participation. Train staff and confirm athletes understand the support pathway.
03	Working reviews	Review the weekly scorecard. Meet every two weeks to resolve friction and improve the program routine.
04	Midpoint	Review early evidence and gaps with the sponsor and care lead. Confirm budget and procurement steps.
05	Decision meeting	Choose continuation, measured expansion, a bounded extension or closeout against the agreed criteria.

Set the decision date at kickoff.

Work backward from the university's purchasing deadline.

PEOPLE, EVIDENCE AND FOLLOW-THROUGH

Make the pilot useful to every decision-maker.

Agree ownership

UNIVERSITY

Name a sponsor, coordinator, clinical lead and technical or privacy contact. Supply clinicians, define care pathways and establish emergency procedures.

ATHLETIC MIND

Name an implementation lead and product support contact. Agree onboarding, staff training, reporting and support commitments with the university.

Build an interpretable scorecard

For each measure, agree its baseline, target, source, owner and deadline.

Participation	Starting Point, weekly check-ins and assigned practice.
Trust	Athlete trust and interest in continuing.
Usefulness	Athlete- and coach-reported usefulness.
Coach Check-Ins	Completed Coach Check-Ins against those scheduled.
Support connections	Confirmed care connections among incidents needing care.
Reported wellbeing	Descriptive team readiness with response coverage.

Show the period, eligible population, response count and missing data. Label unavailable measures "not yet collected." Agree minimum group sizes and sharing rules. Participation and feedback describe use and perceived value; readiness trends alone cannot establish clinical improvement or program impact.

Ready to shape your pilot?

Bring your athletics coordinator and clinical lead into the conversation.

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