

Swimmer NAME:

Month:



This month, this is how my coach and I would rate :

(colour in a square for each question)

Great!! Oh dear!!



1. My overall performance in pool sessions
2. My attitude in pool sessions
3. My commitment to land conditioning and improving my flexibility
4. The quality of my streamlining after every push-off and turn
5. The speed and technical quality of my turns
6. The distance I achieve off the wall after all my turns
7. The quality and speed of my underwater dolphin kicking
8. The quality of my technique when swimming at maximum speed
9. How regularly and accurately I count my strokes
10. How regularly and accurately I check my heart rate

My Top 5 most improved skills for this month :

1. _____
2. _____
3. _____
4. _____
5. _____

My Top 5 areas for improvement this next month :

1. _____
2. _____
3. _____
4. _____
5. _____

TRAINING SUMMARY	Week Commencing	Total swimming volume achieved (m)	Training hours completed		Competitions attended (Event/Stroke/Time)	Number of racing starts practised in training	Number of takeovers practised in training	Notes / Comments
			Pool	Land				

Signed: _____ (Parent/Guardian) _____ (Swimmer)