

Post Event Performance Check

Event: _____ **Athlete:** _____

Date: _____ **Time (a.m. / p.m.)** _____

Conditions: _____

(Some issues may not apply; include general comments as desired; analyse objectively; don't be judgemental.)

PRE-EVENT	POOR	AVERAGE	EXCELLENT
Equipment Check	1 2 3 4	5 6 7 8	9 10
Right Training	1 2 3 4	5 6 7 8	9 10
Diet & Fluids	1 2 3 4	5 6 7 8	9 10
Resting	1 2 3 4	5 6 7 8	9 10
Sleep	1 2 3 4	5 6 7 8	9 10
Self-Belief	1 2 3 4	5 6 7 8	9 10

Comments: _____

IN-EVENT

Relaxation between races	1 2 3 4	5 6 7 8	9 10
Pre-Race Preparation	1 2 3 4	5 6 7 8	9 10
Race Plans	1 2 3 4	5 6 7 8	9 10
Pre-Race Focus	1 2 3 4	5 6 7 8	9 10
Pre-Race Debrief	1 2 3 4	5 6 7 8	9 10
Confidence	1 2 3 4	5 6 7 8	9 10
Diet & Fluids	1 2 3 4	5 6 7 8	9 10

Comments: _____

IN-RACE

Start ... reaction	1 2 3 4	5 6 7 8	9 10
Start ... positioning	1 2 3 4	5 6 7 8	9 10
Aggression	1 2 3 4	5 6 7 8	9 10
Task Awareness	1 2 3 4	5 6 7 8	9 10
Racing to Plan	1 2 3 4	5 6 7 8	9 10
Decisive	1 2 3 4	5 6 7 8	9 10
Explosiveness	1 2 3 4	5 6 7 8	9 10
Flow	1 2 3 4	5 6 7 8	9 10
Endurance	1 2 3 4	5 6 7 8	9 10

Comments: _____
