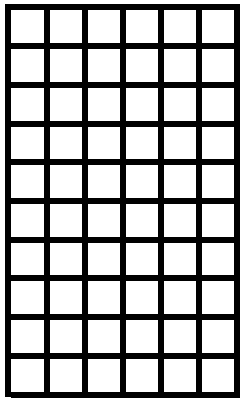
Swimmer NAME:	ACS	Deepings	Coach Lynn Chapman	Month:

This month, this is how myself and my coach 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 (Events/Stroke/Time)	Coaches comments
		Pool	Land		

HEIGHT : cm **WEIGHT : kg**

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

Hand your log Sheet into your Squad Leader on last week of every month