



Player/Trainee Name:		Club:	
Lead Coach Name:		Assistant Coach Name:	
Venue:		Date:	

Topics Covered (list the areas covered during the training session)

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Player's Feedback

How would you rate effectiveness of the session?	Very Poor	Poor	Satisfactory	Good	Very Good
How would you rate the way the coach/es ran the session?	Very Poor	Poor	Satisfactory	Good	Very Good

Please add any comments to support your ratings above and/or to suggest improvements:

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Player/Trainee Signature:		Date:	
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