

Post-Practice Evaluation

Date: _____

Location: _____

Conditions: _____

Practice Partner(s): _____

Video: _____

Practice Overview / Focus

Self Assessment

Engagement (Receptive to coaching/instruction, proper drill execution, good shot selection, tactical decision making.)	/5
Attitude (Positive emotions.)	/5
Energy/Effort	/5

Observations from Practice

What Can I Improve? (Future Practice and Match Play)