

Competition Assessment Form

Name : _____ Event : _____
Location : _____ Height/Distance/Time : _____
Date : _____ Position : _____

Did you achieve your performance goal? Yes No Partly

What was your performance goal? (e.g. improve PB, qualify for next round)

Did you achieve your technical goal? Yes No Partly

What was your technical goal? (e.g. explosive start, elbow drive)

Were you or did you have

Completely determined to achieve performance goal? Yes No Partly

Completely determined to achieve technical goal? Yes No Partly

Highly physically activated? Yes No Partly

No worries or fears? Yes No Partly

In complete control? Yes No Partly

Mentally calm? Yes No Partly

Complete task focus? Yes No Partly

Complete commitment to fully extend yourself? Yes No Partly

Complete confidence in physical preparation? Yes No Partly

Complete confidence in mental preparation? Yes No Partly

Complete confidence in abilities to achieve goal? Yes No Partly

Willing to take necessary risks? Yes No Partly

Did you follow a race preparation plan? Yes No Partly

If partly, which parts were NOT followed and why?

Competition Assessment Form

Rate the effectiveness of

- General physical warm up preparation Good Average Bad
- Event specific physical preparation Good Average Bad
- Relaxation Good Average Bad
- Mental preparation Good Average Bad
- Warm down Good Average Bad
- Event review Good Average Bad

During the event did your focus of attention stay on your event focus plan? Yes No

When you were going well, where was your focus?

When you were going less well, where was your focus?

Anything unexpected happen that impacted your performance (for better or worse)? Yes No

Give details:

Should anything be changed or adapted for the next competition? Yes No

Give details: