

Stingray Masters Program Evaluation/Goal Sheet

Name

Email

Date

To help you enjoy workouts, stay challenged, and achieve your fitness goals, please complete this sheet to evaluate yourself and to communicate your goals to the coach

1 How many workouts per week did you attend

one

two

three

2 What is your level of swimming proficiency

novice

intermediate

skilled

new to team swimming

new to interval training

3 What are your training goals? Check all that apply

swim meets

triathlons

open water

fitness

rehabilitation

technique improvement

cross-training

other: describe

4 Which strokes and swim events do you enjoy most? Check all that apply

freestyle

butterfly

backstroke

breaststroke

individual medley

sprints

middle distance

distance

5 For your safety, please describe any injuries or physical limitations which may affect your ability to train

6 What would you like to accomplish this year and how can the coach assist you

7 Are you comfortable receiving feedback from the coach on technique during workouts

yes

no

8 What is your FAVORITE type of workout, or favorite sets

9 What is your LEAST FAVORITE type of workout, or sets

10 Tell us more