

Ideal Performance State-EVALUATION SHEET

DATE:

NAME:

A. PAST EXPERIENCE

1. Which game was the most successful one you ever played?

2. How did you feel during the game?

3. Do you remember anything special?

B. GAME EVALUATION CHART

DATE:

OPPONENT:

RESULT:

PERFORMANCE RATING:

1. Played a great game
2. Played really well
3. Played ok
4. Didn't play well
5. Played poorly

<i>RATING</i>	<i>EMOTIONAL</i>	<i>MENTAL</i>	<i>PHYSICAL</i>
1	ANXIOUS	FOCUSSED	EXCITED
2	BUTTERFLIES	MOSTLY FOCUSSED	FULL OF ENERGY
3	CALM	CHECKING THINGS OUT	PRETTY GOOD
4	COMPOSED	LOOKING AROUND A LOT	RELAXED
5	CONFIDENT	DISTRACTED	LOOSE