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Session Plan

 OF

Session Date

Ability Level

Age Range

Number of Participants

Session Length

Location

Health + Safety Check

Area, Hazards Removed, Equipment, Player Equipment, First Aid Kit, Accident Form

Risk Assessment Completed ( - )

Session Title

Do any participants have Medical Conditions?

Introduction

Drill 1

Warm Up Activity

Drill 2

Key Factors

Cool Down Activity

Session Aims

Drill 3

Small Sided Game

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strategy/Characteristic  | Never | Some of the time | Half the time | Most of the time | At all times |
| I was well prepared for the session | 1 | 2 | 3 | 4 | 5 |
| The session was well organised  | 1 | 2 | 3 | 4 | 5 |
| The playing area was safe and risk assessed  | 1 | 2 | 3 | 4 | 5 |
| I was enthusiastic and positive | 1 | 2 | 3 | 4 | 5 |
| I treated all participants equally | 1 | 2 | 3 | 4 | 5 |
| I varied my tone of voice | 1 | 2 | 3 | 4 | 5 |
| I listened to participants | 1 | 2 | 3 | 4 | 5 |
| My demonstrations were clear and understood  | 1 | 2 | 3 | 4 | 5 |
| My explanations were clear and accurate | 1 | 2 | 3 | 4 | 5 |
| I gave effective feedback | 1 | 2 | 3 | 4 | 5 |
| I allowed opportunity for participants to make decisions  | 1 | 2 | 3 | 4 | 5 |
| I allowed opportunity for participants to take a leadership role  | 1 | 2 | 3 | 4 | 5 |
| I used time effectively in the session  | 1 | 2 | 3 | 4 | 5 |
| The participants enjoyed the session | 1 | 2 | 3 | 4 | 5 |
| The participants achieved during the session  | 1 | 2 | 3 | 4 | 5 |

 **Session Evaluation**

**Three things that I feel went well:**

**Three things I could improve on for the next session:**

**Personal Action Plan**

*Particular points you feel you should address in future sessions*