

INITIAL ATHLETE PROFILE

Name: Sport:
 Email: Competition level:
 Skype address: Years of experience:

WHAT I LOVE ABOUT MY SPORT IS:

THE AREAS I THINK I NEED TO DEVELOP OR NEED SUPPORT WITH ARE:

THE STRATEGIES I HAVE TRIED ARE:

CURRENTLY I USE THE FOLLOWING MENTAL SKILLS:

Skill:	Frequency:							
	Daily	Weekly	Fortnightly	Monthly	Quarterly	Yearly	Rarely	Never
Goal setting and review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive self-talk/cue words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagery/visualisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxation/centring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-performance routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refocus routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affirmations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance and training review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MY CURRENT SPORT RELATED GOALS ARE:

Outcome:

Main focus:

Week:

Month:

Year:

2 year:

5 year:

Training:

This week:

Next week:

Week 3:

Week 4:

Month 2:

Month 3:

MY SUPPORT INCLUDES A:

- | | |
|--|--|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Mental skills trainer |
| <input type="checkbox"/> Fitness trainer | <input type="checkbox"/> Nutritionist |
| <input type="checkbox"/> Manager | |

THE OTHER THINGS YOU SHOULD KNOW ARE:

Thank you for filling in this Initial Athlete Profile.

When completed, email this form to Warrick Sue, Mental Skills Trainer at warrick@visionacquisition.net.nz or call +64 21 975 339.