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Self Assessment Form

APPLICANT PERSONAL INFORMATION

Full Name: _____

Height: _____ Weight: _____ Date: _____

Medical Conditions and/or Injuries:

WEEKLY TRAINING SCHEDULE

Please give a detailed description of your current training schedule. For the weekly breakdown how many sessions/week, including gym practices.

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday/Sunday:

MONTHLY TRAINING SCHEDULE

Please give a detailed description of your current training schedule. Including a general outline of your year (i.e. which months do you play what sports, sports camps, etc.)

January:

February:

March:

April:

May:

June:

July:

August:

September:

October:

November:

December:

MENTAL SKILLS

Mental skills alone will not make you fitter, they won't change your genetics, nor will they make you technically better. What they will do is help you to get more out of training, practices and games/races/performances so that you just might be able to realize your long term athletic dreams.

Please be very specific with each of your statements. Do not state that you will "give 100% every day to reach your goals." State what it is you would do that you would classify as 100% instead.

My lifelong athletic dream is:

In six months I will be:

To accomplish this, I will:

In one year I will be:

To accomplish this, I will:

In three to five years I will be:

To accomplish this, I will:

What part(s) of your mental game is the strongest?

What part(s) of your mental game needs the most work?

Anything else?

NUTRITION

Nutrition and training are connected – successful long term athlete development depends on meeting day-to-day nutritional needs. Satisfying an athlete's needs for hydration, fuel and rest are essential components of the training and recovery process, thereby, affecting an athlete's achievements.

Do you have any food allergies/aversions? If so, please list.

How many meals and snacks do you have each day?

Where do you eat your meals and snacks most often?

How often do you eat out in a week?

Where are some places you go when you eat out?

Do you have any concerns with your weight?

Do you take any supplements, herbal remedies, vitamins or protein powders? Please list.

How much pop, juice, energy drinks, sport drinks do you drink in one day?

Do you eat different on competition day than on a non-competition day? If so please explain.

How would you rate your diet on a scale of 1 to 10?

(10 being the best possible nutrition to support your growth and athletic performance)

Why do you rate it at this level?

Describe what is going well and what isn't.

What would you like to improve in your diet? (i.e. to move up one notch on your scale)

As an athlete what areas of sport nutrition are you most interested in?

- | | |
|---|--|
| <input type="checkbox"/> eating well at school | <input type="checkbox"/> pre and post-game nutrition |
| <input type="checkbox"/> eating well while travelling | <input type="checkbox"/> setting nutrition goals |
| <input type="checkbox"/> meal planning (and snacks) | <input type="checkbox"/> improving cooking skills |
| <input type="checkbox"/> hydration strategies | <input type="checkbox"/> other |

If you chose other, please describe:

Important upcoming dates (tryouts, competitions?)

Short term physical goals (next three months)

Long term physical goals (What do you need physically to reach your ultimate dream goal)

What do you need from the ASDC to help you reach those goals?

How much training time can you realistically commit to these goals? (Please list days per week and time per session)

Please submit your completed form to the ASDC Coordinator.

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