

MAG Level 2 Coaching Course – Course Part Checklist

Name: _____

Postal Address: _____

Phone: _____

To ensure you meet all Accreditation Assessment requirements complete the following checklist as you progress through the various parts of your Level 2 Coaching Course.

COURSE PART AND DETAILS	VERIFICATION
<ul style="list-style-type: none"> • <i>Completion of PART 1 – ASC Level 2 Coaching Principles Course.</i> <p style="margin-left: 40px;">Date of Course:- _____</p> <p style="margin-left: 40px;">Venue:- _____</p>	<div style="border: 2px solid black; width: 60px; height: 60px; margin: 0 auto;"></div>
<ul style="list-style-type: none"> • <i>Completion of PART 2 – Level 2 Principles of Gymnastic Coaching Course.</i> <p style="margin-left: 40px;">Date of Course:- _____</p> <p style="margin-left: 40px;">Venue:- _____</p>	<div style="border: 2px solid black; width: 60px; height: 60px; margin: 0 auto;"></div>
<ul style="list-style-type: none"> • <i>Completion of PART 3 – MAG Level 2 Discipline Specific Coaching Course.</i> <p style="margin-left: 40px;">Date of Course:- _____</p> <p style="margin-left: 40px;">Venue:- _____</p>	<div style="border: 2px solid black; width: 60px; height: 60px; margin: 0 auto;"></div>
<ul style="list-style-type: none"> • <i>Completion of PART 4 – Additional Level 2 Coaching Course Requirements.</i> <p style="margin-left: 40px;">Date of First Aid Course:- _____</p> <p style="margin-left: 40px;">Date of Managing the Risks:- _____ Of Coaching Course</p>	<div style="border: 2px solid black; width: 60px; height: 60px; margin: 0 auto;"></div>

MAG Level 2 Coaching Course – Assessment Task Checklist

Name: _____

Postal Address: _____

Phone: _____

Please complete the following checklist as you progress through the various Assessment Tasks associated with your Level 2 Coaching Course.

ASSESSMENT TASK AND DETAILS	VERIFICATION
<ul style="list-style-type: none"> PART 2 – Assessment Task 1, Verification of Participation in a Competition <p style="text-align: center;"><i>Please provide a copy of PART 2 - Assessment Task 1 from your Candidates Folder along with this checklist.</i></p>	<p><i>This will be completed by your Assessor. Please leave blank.</i></p> <p>_____</p>
<ul style="list-style-type: none"> PART 2 – Assessment Task 2, Design a Yearly Training Program. <p style="text-align: center;"><i>Please attach a copy of your Yearly Training Plan along with this checklist</i></p>	<p><i>This will be completed by your Assessor. Please leave blank.</i></p> <p>_____</p>
<ul style="list-style-type: none"> PART 2 – Assessment Task 3, The Supervisory role of the Level 2 Coach <p style="text-align: center;"><i>Please attach a copy of your supervised candidates Assessment booklet along with this checklist</i></p>	<p><i>This will be completed by your Assessor. Please leave blank.</i></p> <p>_____</p>
<ul style="list-style-type: none"> PART 3 – Major Assignment. <p style="text-align: center;"><i>Please attach a copy of your Major assignment along with this checklist</i></p>	<p><i>This will be completed by your Assessor. Please leave blank.</i></p> <p>_____</p>

MAG Level 2 Coaching Course – Coaching Experience Checklist

Name: _____

Postal Address: _____

Phone: _____

Please complete the following checklist as you complete the various aspects of your Coaching Experience, associated with your Level 2 Coaching Course.

EXPERIENCE	VERIFICATION
<ul style="list-style-type: none"> • <i>Internal Coaching Experience – 180 hours</i> Date Completed:- _____ Club Verification:- _____ 	<p><i>This will be completed by your Assessor. Please leave blank.</i></p> <p>_____</p>
<ul style="list-style-type: none"> • <i>Internal <u>Supervised</u> Coaching Experience – 18 hours</i> Date Completed:- _____ Club Verification:- _____ 	<p><i>This will be completed by your Assessor. Please leave blank.</i></p> <p>_____</p>
<ul style="list-style-type: none"> • <i>External <u>Supervised</u> Coaching Experience – 2 hours</i> Date Completed:- _____ Venue:- _____ 	<p><i>This will be completed by your Assessor. Please leave blank.</i></p> <p>_____</p>



APPENDIX 1 – Lesson Plan SELF EVALUATION Form

This form has been designed to be filled out by the Coach following the conduct of the lesson.

A. GENERAL DETAILS

Name: _____

Discipline Accreditation Sought: _____

Date of Evaluation: _____

Type of Lesson Viewed: _____

LESSON PREPARATION

For the Warm-up: Did you:

- | | YES | NO |
|--|--------------------------|--------------------------|
| • Plan a balanced Warm up? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Include a mix of Static and Dynamic Flexibility activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Utilise appropriate stretching activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Catch the participant's attention quickly? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Involve all participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Increase participants body temperature / heart rate appropriately? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Maintain good class control | <input type="checkbox"/> | <input type="checkbox"/> |

Body of Lesson: Did you:

- | | | |
|---|--------------------------|--------------------------|
| • Incorporate Physical Preparation Activities into the Lesson? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Break skill learning into sequential steps? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ensure appropriate drills/progressions were being completed/provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Stress key coaching points and Safety? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Provide clear instructions? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have everyone involved through continuous activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Supervise all participants at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use equipment effectively? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Communicate positively with participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Recognise an individual's needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Maintain class control? | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments:-

APPENDIX 1 – Lesson Plan SELF EVALUATION Form (continued)

Communication: Did you:

- | | YES | NO |
|---|--------------------------|--------------------------|
| • Provide clear and succinct feedback and instructions? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Handle disciplinary situations appropriately? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Maintain good, clear voice control? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Get along with gymnasts through displaying good humour? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use other non-verbal communication with gymnasts? | <input type="checkbox"/> | <input type="checkbox"/> |

General Points - Personal: Did you:

- | | | |
|--|--------------------------|--------------------------|
| • Have everything ready and arranged for the lesson? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Dress appropriately for the Lesson? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Act in a Professional manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Show enthusiasm? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Display a positive attitude towards Coaching? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Address gymnasts appropriately? | <input type="checkbox"/> | <input type="checkbox"/> |

General Points - Presentation: Did you:

- | | | |
|--|--------------------------|--------------------------|
| • Ensure that the lesson flowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Present the right amount of material? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Present material in a logical format? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Present the material at the right level for the gymnasts? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrate a sound knowledge of material being presented? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Cover all key points/information, relevant to the desired learning experience? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Check understanding of gymnasts with regards to safety concerns? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ensure all gymnasts could clearly see? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Involve all gymnasts? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Correct errors as they occurred by <u>constructive</u> feedback? | <input type="checkbox"/> | <input type="checkbox"/> |

General Points – Use of Teaching Aids: Did you

- | | | |
|--|--------------------------|--------------------------|
| • Have equipment set-up and ready for use? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use supplementary equipment to assist with teaching of skills? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sufficient variety? | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL COMMENTS:-

APPENDIX 2 – Lesson Plan SUPERVISORS EVALUATION Form

This form has been designed to be filled out by the Mentor/Supervising Coach following the conduct of the lesson.

A. GENERAL DETAILS

Name of Mentor: _____

Date of Evaluation: _____ **Lesson Number Evaluated:** _____

Type of Lesson Viewed: _____

LESSON PREPARATION

For the Warm-up: Did the Coach:

YES NO

- | | | |
|--|--------------------------|--------------------------|
| • Plan a balanced Warm up? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Include a mix of Static and Dynamic Flexibility activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Utilise appropriate stretching activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Catch the participant’s attention quickly? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Involve all participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Increase participants body temperature / heart rate appropriately? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Maintain good class control | <input type="checkbox"/> | <input type="checkbox"/> |

Body of Lesson: Did the Coach:

- | | | |
|---|--------------------------|--------------------------|
| • Incorporate Physical Preparation Activities into the Lesson? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Break skill learning into sequential steps? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ensure appropriate drills/progressions were being completed/provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Stress key coaching points and Safety? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Provide clear instructions? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have everyone involved through continuous activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Supervise all participants at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use equipment effectively? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Communicate positively with participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Recognise an individual’s needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Maintain class control? | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments:-

APPENDIX 2 – Lesson Plan SUPERVISORS EVALUATION Form

Communication: Did the Coach:

- | | YES | NO |
|---|--------------------------|--------------------------|
| • Provide clear and succinct feedback and instructions? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Handle disciplinary situations appropriately? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Maintain good, clear voice control? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Get along with gymnasts through displaying good humour? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use other non-verbal communication with gymnasts? | <input type="checkbox"/> | <input type="checkbox"/> |

General Points - Personal: Did the Coach:

- | | | |
|--|--------------------------|--------------------------|
| • Have everything ready and arranged for the lesson? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Dress appropriately for the Lesson? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Act in a Professional manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Show enthusiasm? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Display a positive attitude towards Coaching? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Address gymnasts appropriately? | <input type="checkbox"/> | <input type="checkbox"/> |

General Points - Presentation: Did the Coach:

- | | | |
|--|--------------------------|--------------------------|
| • Ensure that the lesson flowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Present the right amount of material? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Present material in a logical format? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Present the material at the right level for the gymnasts? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrate a sound knowledge of material being presented? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Cover all key points/information, relevant to the desired learning experience? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Check understanding of gymnasts with regards to safety concerns? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ensure all gymnasts could clearly see? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Involve all gymnasts? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Correct errors as they occurred by <u>constructive</u> feedback? | <input type="checkbox"/> | <input type="checkbox"/> |

General Points – Use of Teaching Aids: Did the Coach

- | | | |
|--|--------------------------|--------------------------|
| • Have equipment set-up and ready for use? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use supplementary equipment to assist with teaching of skills? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sufficient variety? | <input type="checkbox"/> | <input type="checkbox"/> |

I have read the above feedback and discussed it with my Supervising Coach.

Signature of Coach

Signature of Mentor/Supervising Coach

Date

APPENDIX 3 – EVALUATION of Internal Supervised Coaching Experience Form

This form should be completed by both the Coach and their Mentor (each person to complete a separate form) following the completion of the 18 hours of Internal Supervised Coaching Experience.

Part of the development of any coach is reliant upon their ability to realize their strengths and weaknesses. What follows is a list of typical coaching actions that are exhibited by coaches.

It is asked that both the Coach and the Mentor read the following list of coaching actions and comment on the overall performance of the coach (with regard these actions) over the period of the entire Internal Supervised Coaching experience (ie 18 hours). In effect, both the Coach and the Mentor are rating the performance of the coach in the following areas:-

A. GENERAL DETAILS

Name of Coach: _____

Date of Experience: _____

Facilitating :- the practical things the coach does to enable training and to assist gymnasts to engage in specific training activities (setting up equipment, supporting an athlete through a drill)

Informing:- giving information, but not explaining, evaluating or offering guidance (“more stomach muscle strength is required”)

Explaining:- giving the reasons for a statement, question, demonstration, command or other behaviour (“more stomach muscle strength is required in order to be able to complete this drill”)

Questioning:- asking gymnasts for information (“is you back feeling any better”)

Demonstrating:- showing gymnasts how something is done (“showing how to take-off from two feet”)

Commanding:- telling gymnasts what to do (“okay, do a couple of quick running drills before moving to hurdles”)

Monitoring:- attending to the performance and behaviour of gymnasts (“watching gymnasts go through the drills set”)

Praising:- positive evaluation of performance or behaviour (“great kip”)

Criticising:- negative evaluation of performance or behaviour (“your legs are loose and not held tightly together”)

Correcting:- providing guidance to a gymnast about how to remedy specific faults in their performance or behaviour (“keep your weight over your shoulders”)

Advising:- offering guidance to an athlete but without specifying a fault (“watch your toes as they leave the floor”)

Listening:- attending to what gymnasts have to say (“listening to why gymnast feels they are not performing up to standard”)

Socialising:- non-training related interaction with gymnasts (“discussing the latest chart hits”)

Further Comments

Mentor/Supervising Coach Signature

Coach Signature

Date

APPENDIX 4 – SELF EVALUATION of External Supervised Coaching Experience Form

This form has been designed to be filled out by the Coach following the completion of their External Supervised Coaching Experience.

A. GENERAL DETAILS

Name: _____

Discipline: _____

Date of Evaluation: _____

LESSON PREPARATION

For the Warm-up, Strength and Flexibility component of the Lesson: Did you:

	YES	NO
• Plan a balanced Warm up?	<input type="checkbox"/>	<input type="checkbox"/>
• Include a mix of Static and Dynamic Flexibility activities?	<input type="checkbox"/>	<input type="checkbox"/>
• Utilise appropriate stretching activities?	<input type="checkbox"/>	<input type="checkbox"/>
• Involve all participants?	<input type="checkbox"/>	<input type="checkbox"/>
• Increase participants body temperature / heart rate appropriately?	<input type="checkbox"/>	<input type="checkbox"/>

For the Apparatus Rotations: Did you:

• Incorporate Physical Preparation Activities into your drills?	<input type="checkbox"/>	<input type="checkbox"/>
• Break skill learning into sequential steps?	<input type="checkbox"/>	<input type="checkbox"/>
• Ensure appropriate drills/progressions were being completed/provided?	<input type="checkbox"/>	<input type="checkbox"/>
• Stress key coaching points and Safety?	<input type="checkbox"/>	<input type="checkbox"/>
• Provide clear instructions?	<input type="checkbox"/>	<input type="checkbox"/>
• Have all gymnasts involved through continuous activity?	<input type="checkbox"/>	<input type="checkbox"/>
• Supervise all participants at all times?	<input type="checkbox"/>	<input type="checkbox"/>
• Use equipment effectively?	<input type="checkbox"/>	<input type="checkbox"/>
• Communicate positively with gymnasts?	<input type="checkbox"/>	<input type="checkbox"/>
• Recognise an individual's needs?	<input type="checkbox"/>	<input type="checkbox"/>
• Identify errors in technique and use appropriate drills to correct these errors?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:-

APPENDIX 1 – SELF EVALUATION of External Supervised Coaching Experience Form (continued)

Communication: Did you:	YES	
NO	<input type="checkbox"/>	<input type="checkbox"/>
• Provide clear and succinct feedback and instructions?	<input type="checkbox"/>	<input type="checkbox"/>
• Handle disciplinary situations appropriately?	<input type="checkbox"/>	<input type="checkbox"/>
• Maintain good, clear voice control?	<input type="checkbox"/>	<input type="checkbox"/>
• Get along with gymnasts through displaying good humour?	<input type="checkbox"/>	<input type="checkbox"/>
• Use other non-verbal communication with gymnasts?	<input type="checkbox"/>	<input type="checkbox"/>
 General Points - Personal: Did you:		
• Have everything ready and arranged for the lesson?	<input type="checkbox"/>	<input type="checkbox"/>
• Dress appropriately for the Lesson?	<input type="checkbox"/>	<input type="checkbox"/>
• Act in a Professional manner?	<input type="checkbox"/>	<input type="checkbox"/>
• Show enthusiasm?	<input type="checkbox"/>	<input type="checkbox"/>
• Display a positive attitude towards Coaching?	<input type="checkbox"/>	<input type="checkbox"/>
• Address gymnasts appropriately?	<input type="checkbox"/>	<input type="checkbox"/>
 General Points - Presentation: Did you:		
• Ensure that the lesson flowed?	<input type="checkbox"/>	<input type="checkbox"/>
• Present the right amount of material?	<input type="checkbox"/>	<input type="checkbox"/>
• Present material in a logical format?	<input type="checkbox"/>	<input type="checkbox"/>
• Present the material at the right level for the gymnasts?	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrate a sound knowledge of material being presented?	<input type="checkbox"/>	<input type="checkbox"/>
• Cover all key points/information, relevant to the desired learning experience?	<input type="checkbox"/>	<input type="checkbox"/>
• Check understanding of gymnasts with regards to safety concerns?	<input type="checkbox"/>	<input type="checkbox"/>
• Ensure all gymnasts could clearly see?	<input type="checkbox"/>	<input type="checkbox"/>
• Involve all gymnasts?	<input type="checkbox"/>	<input type="checkbox"/>
• Correct errors as they occurred by <u>constructive</u> feedback?	<input type="checkbox"/>	<input type="checkbox"/>
 General Points – Use of Teaching Aids: Did you		
• Have equipment set-up and ready for use?	<input type="checkbox"/>	<input type="checkbox"/>
• Use supplementary equipment to assist with teaching of skills?	<input type="checkbox"/>	<input type="checkbox"/>
• Sufficient variety?	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS:-

APPENDIX 5 – EVALUATION of External Supervised Coaching Experience Form

This form has been designed to be filled out by the Mentor/Supervising Coach following the completion of the External Supervised Coaching Experience.

A. GENERAL DETAILS

Name of Mentor: _____

Date of Evaluation: _____

LESSON PREPARATION

For the Warm-up, Strength and Flexibility component of the Lesson: Did the Coach:

	YES	NO
• Plan a balanced Warm up?	<input type="checkbox"/>	<input type="checkbox"/>
• Include a mix of Static and Dynamic Flexibility activities?	<input type="checkbox"/>	<input type="checkbox"/>
• Utilise appropriate stretching activities?	<input type="checkbox"/>	<input type="checkbox"/>
• Involve all participants?	<input type="checkbox"/>	<input type="checkbox"/>
• Increase participants body temperature / heart rate appropriately?	<input type="checkbox"/>	<input type="checkbox"/>

For the Apparatus Rotations: Did the Coach:

• Incorporate Physical Preparation Activities into your drills?	<input type="checkbox"/>	<input type="checkbox"/>
• Break skill learning into sequential steps?	<input type="checkbox"/>	<input type="checkbox"/>
• Ensure appropriate drills/progressions were being completed/provided?	<input type="checkbox"/>	<input type="checkbox"/>
• Stress key coaching points and Safety?	<input type="checkbox"/>	<input type="checkbox"/>
• Provide clear instructions?	<input type="checkbox"/>	<input type="checkbox"/>
• Have all gymnasts involved through continuous activity?	<input type="checkbox"/>	<input type="checkbox"/>
• Supervise all participants at all times?	<input type="checkbox"/>	<input type="checkbox"/>
• Use equipment effectively?	<input type="checkbox"/>	<input type="checkbox"/>
• Communicate positively with gymnasts?	<input type="checkbox"/>	<input type="checkbox"/>
• Recognise an individual's needs?	<input type="checkbox"/>	<input type="checkbox"/>
• Identify errors in technique and use appropriate drills to correct these errors?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:-

APPENDIX 1 – EVALUATION of External Supervised Coaching Experience Form (*continued*)

- Communication: Did the Coach:**
- | | YES | NO |
|---|--------------------------|--------------------------|
| • Provide clear and succinct feedback and instructions? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Handle disciplinary situations appropriately? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Maintain good, clear voice control? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Get along with gymnasts through displaying good humour? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use other non-verbal communication with gymnasts? | <input type="checkbox"/> | <input type="checkbox"/> |

- General Points - Personal: Did the Coach:**
- | | | |
|--|--------------------------|--------------------------|
| • Have everything ready and arranged for the lesson? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Dress appropriately for the Lesson? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Act in a Professional manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Show enthusiasm? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Display a positive attitude towards Coaching? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Address gymnasts appropriately? | <input type="checkbox"/> | <input type="checkbox"/> |

- General Points - Presentation: Did the Coach:**
- | | | |
|--|--------------------------|--------------------------|
| • Ensure that the lesson flowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Present the right amount of material? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Present material in a logical format? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Present the material at the right level for the gymnasts? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrate a sound knowledge of material being presented? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Cover all key points/information, relevant to the desired learning experience? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Check understanding of gymnasts with regards to safety concerns? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ensure all gymnasts could clearly see? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Involve all gymnasts? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Correct errors as they occurred by <u>constructive</u> feedback? | <input type="checkbox"/> | <input type="checkbox"/> |

- General Points – Use of Teaching Aids: Did you**
- | | | |
|--|--------------------------|--------------------------|
| • Have equipment set-up and ready for use? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use supplementary equipment to assist with teaching of skills? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sufficient variety? | <input type="checkbox"/> | <input type="checkbox"/> |

I have read the above feedback and discussed it with my Supervising Coach.

Signature of Coach

Signature of Mentor/Supervising Coach

Date