



Initial Athlete Assessment

Name: _____ Age/Grade: _____

What sports do you play (include positions): _____

List at least 2 goals that you want to accomplish year

Sports: _____

Academics/School: _____

Strengths

1. _____
2. _____
3. _____

Weakness

1. _____
2. _____
3. _____

What skills would you like to work on/learn/develop

1. _____
2. _____
3. _____

What do you feel are the key factors needed to accomplish your goals: _____

Who will support, help, and hold you accountable in meeting your goals: _____

Signature

Date