



Coach Mentorship Program

Practice Observation & Feedback - Part I

COACH: _____

TIME: _____

TEAM / LEVEL: _____

DATE: _____

OBSERVER: _____

PRE-PRACTICE PREPARATION

- | | | YES | NO | N/A |
|----|--|-----------------------|-----------------------|-----------------------|
| 1. | Was a Practice Plan available? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. | Did the Practice Plan relate to the Seasonal Plan? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. | Did the team warm-up off-ice? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

COMMENTS:

PRACTICE SESSION

- | | | YES | NO | N/A |
|----|---|-----------------------|-----------------------|-----------------------|
| 1. | Was this a High Flow/High Tempo practice? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. | Did the Coach incorporate 'lapping' skates into practice? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. | Was the desired Work:Rest ratio attained? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. | Did the Coach demonstrate evidence of teaching? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. | Did the Coach interact positively with each player? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. | Were the Assistant Coaches utilized effectively? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. | Were the players receptive to the instructions they received? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. | Did the coach treat the players with respect? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. | Did the players enjoy the practice? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

COMMENTS:

PRACTICE SESSION

OVERALL RATING

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Very Good | Satisfactory | Needs Improvement |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

STRENGTHS

NEEDS:
