Community Foundation Leader Self-Assessment Form

**Name:**

**Date:**

**Sport(s):**

**Club/Organisation:** (eg Wapping Youth FC U8s)

**Organisation**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Appropriateness of session organisation (equipment, facilities, pitch size etc) | 1 | 2 | 3 | 4 | 5 |
| Appropriateness of session plan to specific age/ability of participants | 1 | 2 | 3 | 4 | 5 |
| Clearly outlined session outcomes and goals to participants | 1 | 2 | 3 | 4 | 5 |

**Management:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Created a positive environment | 1 | 2 | 3 | 4 | 5 |
| Maintained control throughout session | 1 | 2 | 3 | 4 | 5 |
| Progressed practice in accordance with learning throughout the session | 1 | 2 | 3 | 4 | 5 |

**Technical:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Delivered a realistic and challenging session | 1 | 2 | 3 | 4 | 5 |
| Understood technical issues of players’ performances | 1 | 2 | 3 | 4 | 5 |
| Provided players with correct technical information | 1 | 2 | 3 | 4 | 5 |

**Communication:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provided clear and accurate instructions | 1 | 2 | 3 | 4 | 5 |
| Players understood what was asked of them | 1 | 2 | 3 | 4 | 5 |
| Provided information in a range of ways (talking, demonstrations, diagrams etc) | 1 | 2 | 3 | 4 | 5 |

|  |  |
| --- | --- |
| What went well: | What could be improved: |
|  |  |
|  |  |
|  |  |

**Wellbeing:** (with 1 being the least and 10 being the most)

1. Overall, how satisfied are you with your life nowadays?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. Overall, to what extent do you feel the things you do in your life are worthwhile?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. Overall, how happy did you feel yesterday?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. Overall, how anxious did you feel yesterday?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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