**Training Diary –Badminton**

Name:

Skill:

Long Term Goal –

Short term target-

|  |
| --- |
| Week Number: 1  |
| SESSION NO. | CONTENT OF SESSION | PERSONAL REFLECTIONS – E.g. *What did the session feel like? Was it hard enough? How do you know? What evidence can you give?* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Training Diary - Athletics**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long Term Goal -

Short term target-

|  |
| --- |
| Week Number: 2 |
| SESSION NO. | CONTENT OF SESSION | PERSONAL REFLECTIONS |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Training Diary - Athletics**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long Term Goal -

Short term target-

|  |
| --- |
| Week Number: 3 |
| SESSION NO. | CONTENT OF SESSION | PERSONAL REFLECTIONS |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Training Diary - Athletics**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long Term Goal -

Short term target-

|  |
| --- |
| Week Number: 4 |
| SESSION NO. | CONTENT OF SESSION | PERSONAL REFLECTIONS |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |