

MENTOR COACH FEEDBACK TO PROFICIENCY COACH

(Say 6 spread over a period of time)

| Name of Coach: | | Date of session: |
|--|--------------------------|------------------|
| Topic | Feedback/Remedial Action | |
| Control and Organisation | | |
| Safety Awareness | | |
| Handing and Support Ability | | |
| Technical Knowledge | | |
| Use of Safe and Progress Skills | | |
| Maximum use of Time and Space | | |
| Observation and Correction of Faults | | |
| Use of Visual Aids and Demonstration | | |
| Assessment of Gymnast's Ability | | |
| Providing Feedback | | |
| Quality of Verbal Communication | | |
| Motivation of Participants | | |
| Session Appraisal | | |
| Other Pertinent Points | | |
| Priority action for next session: (i) _____ (ii) _____ | | |
| Signature of Mentor Coach:..... | | |