



National Coaching Certification Program

Programme national de certification des entraîneurs

SECTION A: Coach Information (To be completed by the coach)

Name			CC number:														
	Surname		First														
Address	Apt.		Street														
	City		Province		Postal Code												
Phone	()		()		()												
	Home		Business		Fax												
Email																	

Age category of athletes for which this practice is planned:		Classification of athletes for which this practice is planned:	
Time of the season for which this practice is planned:			

OBJECTIVES	RATIONALE
Indicate the 3 main objectives of the practice	Indicate the rationale for choosing these objectives
1.	1.
2.	2.
3.	3.

PRACTICE EXPECTATIONS: Indicate practice expectation by placing an (X) in the appropriate box.													
Technical Expectations							Physical Expectations						
Low		Medium		High			Low		Medium		High		
Why?							Why?						
Tactical Expectations							Mental Expectations						
Low		Medium		High			Low		Medium		High		
Why?							Why?						

Note: Attach a copy of your practice plan to this form