

Short Course P.B.'s

	50	100	200	400	800	1500
Free						
Back						
Breast						
Fly						
I.M.						

Long Course P.B.'s

	50	100	200	400	800	1500
Free						
Back						
Breast						
Fly						
I.M.						

Strokes Per Length

Free	Date					
	Stroke Count					
Back	Date					
	Stroke Count					
Breast	Date					
	Stroke Count					
Fly	Date					
	Stroke Count					
Strokes to Turn	Date					
	Stroke Count					
Strokes to Finish	Date					
	Stroke Count					

Calculated Pace Times

		100 Pace	200 Pace	400 Pace	800 Pace	1500 Pace
Free	50's @					
	100's @					
	200's @					
	400's @					
	800's @					
I.M.	50's @					
	100's @					
	200's @					
Back	50's @					
	100's @					
Breast	50's @					
	100's @					
Fly	50's @					
	100's @					



e.g. 50's @ 100 pace
 =100m PB divided by 2.
 50's @ 200 pace =
 200m PB divided by 4
 and so on

Swimmer Name:
TRAINING SUMMARY

Squad:

Month:

Week Commencing	Mon		Tue		Distances (m) Wed		Thu		Fri		Sat	Sun	Total swimming metres achieved	No of land Sessions	Sessions Available	Sessions attended	Notes & Comments
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm					

Great!! 	1	2	3	4	5	6	7	Oh dear!! 
	(colour in a square for each question)							

- This month, this is how myself and my coach would rate :**
- 1 My overall performance in pool sessions
 - 2 My attitude in pool sessions
 - 3 My commitment to land conditioning and improving my flexibility
 - 4 The quality of my streamlining after every push-off and turn
 - 5 The speed and technical quality of my turns
 - 6 The distance I achieve off the wall after all my turns
 - 7 The quality and speed of my underwater dolphin kicking
 - 8 The quality of my technique when swimming at maximum speed
 - 9 How regularly and accurately I count my strokes
 - 10 How regularly and accurately I check my heart rate

Competitions attended (Event/Stroke/Time)

My Top 5 most improved skills for this month :

1	
2	
3	
4	
5	

My Top 5 areas for improvement next month :

1	
2	
3	
4	
5	

Signed:

 (Parent/Guardian)

 (Coach)

 (Swimmer)

Swimmer Name:		Squad:	
Day	Date	Time	
Venue		Duration	
Work Completed			Heart rate
Coaches		Total Metres	
Swimmers Notes/ Points to remember			
Give yourself a mark out of 10 for this session			

Swimmer Name:		Squad:	
Day	Date	Time	
Venue		Duration	
Work Completed			Heart rate
Coaches		Total Metres	
Swimmers Notes/ Points to remember			
Give yourself a mark out of 10 for this session			