

## Coxswain Goal Card

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Practice Management Calls	
1	
2	
3	
4	
5	
Impact on Practice	
Tally	

Volume, Tone or Rhythm Goals	
1	
2	
3	
4	
5	
Evaluation	
Tally	

Motivational Calls	
1	
2	
3	
4	
5	
Impact on Performances	
Tally	

Technical Calls	
1	
2	
3	
4	
5	
Impact on Changes	
Tally	

Content Goals	
1	
2	
3	
4	
5	
Impact on Performances	
Tally	

Fitness Goals	
1	
2	
3	
4	
5	
My Data	
Tally	

My improvements: \_\_\_\_\_

My challenges: \_\_\_\_\_

Tomorrow's goals: \_\_\_\_\_