**2020 Individual Performance Plan (IPP) For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Objectives and Goals**

|  |  |
| --- | --- |
| **What is the ultimate performance *target* you are working towards?**  **What date do you want to achieve it?** | **1.** |
| **What are your performance objectives for the next 12 months?** | **1.**  **2.**  **3.**  **4.**  **5.** |
| **What are your short term goals (3 years?)** | **1.**  **2.**  **3.**  **4.**  **5.** |
| **What other commitments do you have over the coming 12 months (work, study, coaching etc.)** |  |

**Please list the competition results that match the Squash Australia 2020 ‘Winning Edge’ Competition criteria:**

**1.**

**2.**

**3.**

**4.**

**5.**

Calendar for 2020

|  |  |
| --- | --- |
| January |  |
| February |  |
| March |  |
| April |  |
| May |  |
| June |  |
| July |  |
| August |  |
| September |  |
| October |  |
| November |  |
| December |  |

1. Support Team

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Support** | **Person** | **Location** | **Phone** | **Email** |
| **Coach** |  |  |  |  |
|  |  |  |  |
| **Physical Conditioning** |  |  |  |  |
| **Massage** |  |  |  |  |
| **Nutrition** |  |  |  |  |
| **Doctor** |  |  |  |  |
| **Physiotherapist** |  |  |  |  |
| **Psychologist** |  |  |  |  |
| **ACE Advisor** |  |  |  |  |
| **Any other Service Provision not listed above** |  |  |  |  |
| **COACHES NOTES:** |  |  |  |  |

1. Self-Assessment of Support Services

In the table below please rate your support services from 1-5 (with 5 being the best) and give reasoning for your answer. This is so that we can assess where

you need the most assistance.

|  |  |  |
| --- | --- | --- |
| Support | Score 1-5 | Reasoning |
| Coach |  |  |
| Physical conditioning (S&C) |  |  |
| Massage |  |  |
| Nutrition |  |  |
| Doctor |  |  |
| Physiotherapy |  |  |
| Psychologist |  |  |
| Physical Testing |  |  |
| Other |  |  |

1. Contact Details

|  |  |
| --- | --- |
| Full Name |  |
| DOB |  |
| Age |  |
| Age Group in 2020 |  |
| Contact Number |  |
| Email address |  |
| Postal address |  |
| Australian Citizen (Yes/No) |  |
| Own transport |  |

*\*If under the age of 18 please provide the contact details for the Parent/Guardian.*