

Squash Match Evaluation Form

Name: _____ Date: _____

Opponent Team: _____ Opponent Name: _____ Position: _____

3. How did your pre-match preparation go?

Terrible 0 1 2 3 4 5 6 7 8 9 10 Felt really Good

5. What were your thoughts immediately before the start of the match?

6. During the match, did your focus (concentration) stay on your performance, or drift to other things?

7. When you were going best, where was your focus?

8. Tactics evaluation:

9. Technical Evaluation:

Opponent Team: _____ Opponent Name: _____ Position: _____

3. How did your pre-match preparation go?

Terrible 0 1 2 3 4 5 6 7 8 9 10 Felt really Good

5. What were your thoughts immediately before the start of the match?

6. During the match, did your focus (concentration) stay on your performance, or drift to other things?

7. When you were going best, where was your focus?

8. Tactics evaluation:

9. Technical Evaluation:

