



table tennis IRELAND

LEVEL 1 COACHING LOG BOOK



NAME:

COURSE DATE:

COURSE NUMBER:ITT100__

This logbook is designed so that you can record evidence of learning and of practical coaching activities, as part of assessment towards the ITTA level 1 Coaching Award. To receive credit for the Level 1 Practical, a coach must acquire a total of 8 hours coaching and/or instructing experience.

Each coaching session should be recorded in detail using the template below and submitted to Table Tennis Ireland by email (wis@irishtabletennis.com) or by post to the Coaching Director, ITTA, Sport HQ, National Sports Campus, Blanchardstown, Dublin 15.

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|---|--|--|--|----------------------------------|-------|--|---------|--|--|--|--|
| Date: | | | | Venue: | | | | | | | |
| Supervising Coach: | | | | Session Length (Minutes): | | | | | | | |
| No of Athletes: | | | | Athlete Standard: | | | | | | | |
| Athlete Age (Please Tick): | | 5-7 | 8-10 | 13-15 | 15-18 | Senior | Veteran | | | | |
| Athlete Type (Please Tick): | | Athlete | | Para Athlete | | Learning Disability Athlete | | | | | |
| Objectives of Session: <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. | | | | | | | | | | | |
| Equipment Required/Used – Please tick, circle or enter quantities where appropriate – Tip use a different variety of training aids for each session to keep in fun and engaging: | | | | | | | | | | | |
| <ul style="list-style-type: none"> • Table Tennis Tables: _____ • Multiball Basins: _____ • Multiball Racket: Long Pimples/Short Pimples/Anti Loop/Normal • Stereo: _____ • Camera Analysis: _____ • Other: _____ | | | <ul style="list-style-type: none"> • Rackets: _____ • Cones: _____ • Jump Rope: _____ • TV/DVDS: _____ • Frisbee: _____ • Swiss Ball: _____ • Resistance Bands: _____ • Other: _____ | | | <ul style="list-style-type: none"> • TT Balls: Tournament/Training • Floor Ladders: _____ • Balloons: _____ • Weights: Barbell/Dumbbell • Medicine Ball: _____ • TT Robot: _____ • TRX: _____ • Other: _____ | | | | | |
| Coach Reminders – E.G. Remember to use I.D.E.A., check for injuries/medical conditions, Hall Safety Check etc..: | | | | | | | | | | | |
| <ol style="list-style-type: none"> 1. 2. 3. | | | <ol style="list-style-type: none"> 4. 5. 6. | | | | | | | | |
| Player Injury Details – Before/During/After: | | | | | | | | | | | |
| Injury Management (Remember S.T.O.P. – Stop, Talk, Observe, Prevent): | | | | | | | | | | | |
| Physical/Mental Warm Up (20% of session as a guideline) | | | | | | Time Allocation: | | | | | |
| General Warmup: | | <ol style="list-style-type: none"> 1. 2. 3. 4. | | | | | | | | | |
| Sports Specific: | | <ol style="list-style-type: none"> 1. 2. 3. | | | | | | | | | |
| Mental: | | <ol style="list-style-type: none"> 1. 2. | | | | | | | | | |
| Other: | | <ol style="list-style-type: none"> 1. | | | | | | | | | |

Table Warmup (e.g. FH to FH Drive, BH to BH Drive):

Time Allocation:

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Table Exercises (Should reflect objectives)

Time Allocation Per Drill:

Time Allocation:

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Fun Games/Activities:

Time Allocation:

1.

2.

Cool Down:

Time Allocation:

1.

2.

3.

Athlete Feedback:

What did they enjoy and why:

What was not so much fun or not challenging and why:

What would they like to see included in the next session:

Personal Improvement Goals (PIGS):

Personal Observations about the session

Was I able to achieve my goal?

What skills did I use to teach the students?

How did the students respond to my methods?

What did I learn?

What would I do differently?

Overall comments on the session

To be completed by supervising Coach

Please provide some feedback to the coach on how the session proceeded generally and suggest areas where the trainee coach can improve:

Trainee Coach Signature:

Date:

Supervising Coach Signature:

Date: