



# EDENBRIDGE PIRANHAS SWIMMING CLUB

## APPRAISAL PROCESS FOR ASA ASSISTANT TEACHERS / ASA TEACHERS

Name \_\_\_\_\_ Position \_\_\_\_\_

<b>Review of Past Year</b> Highlights
Areas of Least Satisfaction
Personal development: (e.g. training needs)
Target: (something you would like to achieve in the next twelve months)

Signature of Teacher \_\_\_\_\_  
Signature of Head Coach \_\_\_\_\_

Date \_\_\_\_\_  
Date \_\_\_\_\_