



EDENBRIDGE PIRANHAS SWIMMING CLUB

APPRAISAL PROCESS FOR ASA ASSISTANT TEACHERS / ASA TEACHERS

Name _____ Position _____

Review of Past Year 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 _____