

APPENDIX 10 – TRAINING SCHEDULE

RESPONSIBLE COACH: _____

NAME: _____

1. ENTER DATE & TIME WHEN TRAINING IS PLANNED. USE A PENCIL TO BE ABLE TO ERASE AND CHANGE IF TRAINING IS NOT COMPLETED ACCORDING TO PLAN.
2. ENTER REWARDS, IF APPLICABLE, FROM APPENDIX 8.
3. ENTER TIME FOR FOLLOW UP.

Week 1

Day	Date	Time	Coach	Comments
1				
2				
3				
4				
5				
Reward week 1				
Follow up		Time	Place	Comments

Week 2

Day	Date	Time	Coach	Comments
6				
7				
8				
9				
10				
Reward week 2				
Follow up		Time	Place	Comments

Week 3

Day	Date	Time	Coach	Comments
11				
12				
13				
14				
15				
Reward week 3				
Follow up		Time	Place	Comments

Week 4

Day	Date	Time	Coach	Comments
16				
17				
18				
19				
20				
Reward week 4				
Follow up		Time	Place	Comments

Week 5

Day	Date	Time	Coach	Comments
21				
22				
23				
24				
25				
Reward week 5				
Follow up		Time	Place	Comments