

**P.R.F.S.F. TEAM INTERNATIONAL
POST COMPETITION
REPORT**

Instructions: Please complete this form, with the assistance of your coach, in its entirety and submit it to the Puerto Rican Figure Skating within 10 days after the end of your competition. Be as candid as possible. The purpose of this form is for you to communicate information about your performance to the chair of the International Committee, and to provide information on the performance of the team leaders, medical personnel, judges and other officials attending the competition. It is extremely important for the chair to know not only the result of the competition, but to know how you felt about your performance, and the performance of others. The information provided on this form is strictly confidential and will not be circulated to others without your permission. **(Please print in black ink or type)**

Name of athlete _____

Name of coach who accompanied you to this competition _____

Name of your primary coach (if different): _____

Competition _____ Competition Dates _____

Compulsory Dance: Your placement _____ Number of competitors in your event _____

Short Program/OD: Your placement _____ Number of competitors in your event _____

Free skate/Free dance: Your placement _____ Number of competitors in your event _____

Final: Your placement _____ Number of competitors in your event _____

Provide name(s) of any athletes you competed against in this event who are current top 10 placed in the world, or of international prominence: _____

Scale to be used: 5 – excellent; 4 – very good; 3 - average; 2 – not at my best

Using the scale above, how would you rate your performance in the compulsory dance(s)? _____

In the short/OD program? _____

In the free skate/free dance program? _____

Were there any factors, either positive or negative (illness, injury, equipment, rink environment, nutrition, jet lag, scheduling/timing, practice schedule, coach, teammate, team leader or team medical staffing issues, parental expectations, etc.), that influenced your **short program/compulsory dance/OD** performance? (Be specific) _____

Your **free skate/free dance** performance? _____

Regarding the technical aspects of your programs, are you capable of skating them cleanly? _____

If no, explain _____

Before you arrived at the competition what were your personal expectations for:

Placement at this event? _____

Performance outcome of technical merit at this event? _____

Performance outcome of presentation at this event? _____

Achievement or success of landing of a new or specific element (describe element) _____

Other _____

After you arrived at the competition, did your personal expectations for placement, performance (either technical or presentation) or achievement of a specific goal change? (Explain) _____

Do you feel your placement was justified?

Compulsory Dance(es)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Short Program/OD	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Free Skate/Free Dance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Explain: _____

Please provide comments on the performance of the following:

Team Leader: _____
(Name)

Comments: _____

Assistant Team Leader (if applicable): _____
(Name)

Comments: _____

Team Doctor (if applicable): _____
(Name)

Comments: _____

Team Physiotherapist (if applicable): _____
(Name)

Comments: _____

Are there any additions or suggestions for medical services that you would want at this competition?

Judges (names): _____

Comments: _____

Other officials traveling with the PRFSF Team (if applicable): _____
(Name)

(Name)

Comments: _____

Additional comments: _____

Please use the back if you need additional space.

Athlete Signature _____ Date _____

Primary Coach Signature_____

**Return this to att: PRFSF Athletic Liaison via fax @ 703.739.6601
within 10 days of the completion of your competition.**