

CHECKPOINT AND FEEDBACK FORM

SKILL
DEVELOPMENT
TRAINER



TVP BASKETBALL

Full Name

Full Address

E-Mail

Date Of Birth

Phone

Please rate your in-person training experience (exceptional, meets requirements, needs improvement.)

Please rate your engagement with the HSU online program (exceptional, meets requirements, needs improvement.)

What do you enjoy about our in-person training sessions?

What would you like to see implemented/improved in our in-person training sessions?

How many days do you train on average weekly?

What would you like to see implemented/improved in the HSU online program?



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