

FOOTBALL CLASS LOG

LEARN • PRACTICE • PLAY • IMPROVE



Student Name: _____

Academic Year: _____

Class / Grade: _____

Teacher / Coach: _____

Position (Preferred): _____

Date Started: _____

[illegible]

STUDENT REFLECTION

What did I learn this month?

What was challenging?

What did I do well?

What are my goals for next month?



TEACHER / COACH FEEDBACK

Overall Progress:

☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement

Strengths: _____

Areas to Improve: _____

Coach Signature: _____

Date: _____

Date:



ATTENDANCE

Total Classes: _____

Classes Attended: _____

Classes Missed: _____

Attendance %:

%



PERFORMANCE TRACKER

MONTH	SKILL AREAS (Rate 1–5)					OVERALL (1–5)	TEACHER / COACH REMARKS
	TECHNIQUE	TACTICS	FITNESS	TEAMWORK	GAME AWARENESS		
Month 1							
Month 2							
Month 3							
Month 4							
Month 5							
Month 6							



TEAMWORK MAKES THE DREAM WORK

