

TennisFit Student Self Evaluation

Student Name: _____

Mobile Phone: _____ Email Address: _____

Questionnaire:

1. Please briefly describe your tennis experience:
2. What is your level of play?
3. Have you taken lessons before? If yes, approximately how many/how often?

Goals:

Short Term - What would you like to achieve while participating in the CDT program?

Long Term - What would like to achieve in the next 6-12 months/3-5 years from now etc.?

Additional Comments: