Name:_____

Date:_____ Start Time:_____ End Time: _____

Location: _____ Session: _____ Drill: _____

Priority Level (Circle one):   1-Consistency   2-Accuracy   3-Depth   4- Spin   5-Power

Handicap (Circle one)*:   Target Zone   Front-court   Mid-court   Back-court   All-court

Type of Stroke (Circle one):   Forehand   Backhand   Serve   Volley   Overhead

Right Hand (Control Variable)	**Left Hand (Observed Variable)**
Handicap: _____	Handicap: _____
# of Total Strokes Hit: _____	# of Total Strokes Hit: _____
# of Strokes In*: _____	# of Strokes In*: _____
% of Strokes In: _____	*% of Strokes In:* _____

Relative Improvement (*Observed%:Control%*) =

_____

--**Cut along this line**--

Name:_____

Date:_____ Start Time:_____ End Time: _____

Location: _____ Session: _____ Drill: _____

Priority Level (Circle one):   1-Consistency   2-Accuracy   3-Depth   4- Spin   5-Power

Handicap (Circle one)*:   Target Zone   Front-court   Mid-court   Back-court   All-court

Type of Stroke (Circle one):   Forehand   Backhand   Serve   Volley   Overhead

Right Hand (Control Variable)	**Left Hand (Observed Variable)**
Handicap: _____	Handicap: _____
# of Total Strokes Hit: _____	# of Total Strokes Hit: _____
# of Strokes In*: _____	# of Strokes In*: _____
% of Strokes In: _____	*% of Strokes In:* _____

Relative Improvement (*Observed%:Control%*) =

_____