



ATHLETE MENTAL PERFORMANCE CHECK-IN

Help us understand what you would like to improve. Takes about 60 seconds.

Athlete's First Name: _____	Age / Grade: _____
Sport: _____	Team / Organization: _____

1. What would you most like to improve?

☐ Confidence	☐ Focus
☐ Handling pressure	☐ Bouncing back after mistakes
☐ Overthinking	☐ Resilience
☐ Leadership / communication	☐ Consistency in competition
☐ Other: _____	

2. Which statement sounds most like your athlete?

- ☐ Performs better in practice than games
- ☐ Mistakes affect the next play
- ☐ Confidence changes quickly
- ☐ Overthinks during competition
- ☐ Struggles when pressure increases
- ☐ Generally performs well but wants a stronger mental game
- ☐ Something else: _____

3. What would you most like to see improve over the next 6-8 weeks?

4. What are you interested in?

☐ EAM 6-Week Small Group	☐ Private Mental Performance Training
☐ Team Training	☐ Just learning more

If EAM could help with just ONE thing right now, what would you want it to be?

Parent / Athlete Name: _____	Email: _____
Phone (optional): _____	Preferred Contact: ☐ Text ☐ Email ☐ Call

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