

TRAINING FOR SUCCESS – 2019

ATHLETE NAME: _____ *DATE OF BIRTH:* _____

CONTACT NO: _____ *E-MAIL ADDRESS:* _____

2019/2020 GOALS:

1. _____
2. _____
3. _____

Were these objectives met? (please comment)

2019/2020 GOALS:

1. _____
2. _____
3. _____

2019/2020 TRAINING OBJECTIVES:

1. _____
2. _____
3. _____

OTHER COMMENTS:

Self-assessment

Please complete the tables below in order for me to assist you with your planning for 2011.

Race Ability Profile

	Compare to others in my race category, I am ...				
	<u>1</u> among worst at	<u>2</u>	<u>3</u> same as most	<u>4</u>	<u>5</u> among the best
Race endurance					
Fast starts					
Finish sprints					
Short climbs					
Long climbs					
Technical climbs					
Fast single track descents					
Dealing with mud					
Riding on roots and rocks					
Clearing obstacles					

Natural Ability Profile

	Yes / No	
1		I prefer to ride a bigger gear with a lower cadence than most of my peers
2		I race best in short course races
3		I am good at sprinting
4		I am stronger at the end of a long training ride than most of the people I ride with
5		I can squat and/or leg press more weight than most of my peers
6		I prefer long races
7		I use longer crank arms than most of my peers
8		I get stronger as a stage race or high volume training week progresses

9		I am comfortable using smaller gears with higher cadence than most of my peers
10		I have always been physically quicker than most for any sport I have participated in
11		In most sport I have been able to finish stronger than most
12		I have always been physically stronger than most other I have played sport with
13		I climb best when seated
14		I prefer workouts that are short but fast
15		I am confident about my endurance at the start of long races

Count the no of YES'.

Question numbers

1,5,7,12,13: Strength Score _____

2,3,9,10,14: Speed Score _____

4,6,8,11,15 Endurance Score _____

Mental Skills Profile

Read each profile below and choose an appropriate answer

1=Never 2=Rarely 3=Sometimes 4=Frequently 5=Usually 6=Always

	Rating	
1		I believe my potential as a cyclist is excellent
2		I train consistently and eagerly
3		When things don't go well in a race I stay positive
4		In hard races I can imagine myself doing well
5		Before races I remain positive and upbeat
6		I think of myself more as a success than as a failure
7		Before races I am able to erase self-doubt
8		The morning of a race I wake up enthusiastically
9		I learn something from races when I don't do well
10		I can see myself handle tough race situations
11		I am able to race at near my ability level
12		I can easily picture myself training and racing
13		Staying focussed during long races is easy for me
14		I stay in tune with my exertion levels during a race

15		I mentally rehearse skills and tactics before a race
16		I am good at concentrating as a race progress
17		I make sacrifices to obtain my goals
18		Before an important race I visualize doing well
19		I look forward to workouts
20		When I visualize myself racing it's almost real
21		I think of myself as a tough competitor
22		In races I tune out distractions
23		I set high goals for myself
24		I like the challenge of a hard race
25		When the race becomes difficult I concentrate even harder
26		In races I am mentally tough
27		I can relax my muscles before a race
28		I stay positive despite late race starts, bad weather, poor marshalling, etc.
29		My confidence stay high the week after a bad race
30		I strive to be the best athlete I can be

Add up the answers

Statement numbers	Score		<u>Total</u>	<u>Ranking</u>	<u>Score</u>
2,8,17,19,23,30:	___	Motivation	32-36	Excellent	5
1,6,11,21,26,29:	___	Confidence	27-31	Good	4
3,5,9,24,27,28:	___	Thought habits	21-26	Average	3
7,13,14,16,22,25:	___	Focus	16-20	Fair	2
4,10,12,15,18,20:	___	Visualization	6-15	Poor	1

Please rate each of the following on a scale of 1 – 5 with 5 being as good as it can get

Rating	
1	Nutrition
2	Technical equipment knowledge
3	Race strategy
4	Body composition
5	Support of friends and family
6	Years of racing experience (5 years or more = 5)
7	Tendency to over train (if you never do = 5)

Mountain Biker Assessment (To be completed with me)

<i>Race Ability</i>	<i>Rating (5 = Best)</i>	<i>What needs to be improved?</i>
<i>Profile</i>		
<i>Race Endurance</i>	? 1 2 3 4 5	
<i>Fast Start</i>	? 1 2 3 4 5	
<i>Finish Sprint</i>	? 1 2 3 4 5	
<i>Short Climbs</i>	? 1 2 3 4 5	
<i>Long Climbs</i>	? 1 2 3 4 5	
<i>Fast, single track descents</i>	? 1 2 3 4 5	
<i>Technical, single track climbs</i>	? 1 2 3 4 5	
<i>Dealing with mud</i>	? 1 2 3 4 5	
<i>Riding on roots, rocks, etc.</i>	? 1 2 3 4 5	
<i>Clearing obstacles</i>	? 1 2 3 4 5	
<i>Natural Ability Profile</i>		
<i>Force</i>	? 1 2 3 4 5	
<i>Speed Skills</i>	? 1 2 3 4 5	
<i>Endurance</i>	? 1 2 3 4 5	
<i>Mental Skills Profile</i>		

Motivation	? 1 2 3 4 5	
Confidence	? 1 2 3 4 5	
Thought Habits	? 1 2 3 4 5	
Focus	? 1 2 3 4 5	
Visualization	? 1 2 3 4 5	
Miscellaneous Factors		
Nutrition	? 1 2 3 4 5	
Tech equipment knowledge	? 1 2 3 4 5	
Race strategy	? 1 2 3 4 5	
Body composition	? 1 2 3 4 5	
Support of family/friends	? 1 2 3 4 5	
Years of racing experience	? 1 2 3 4 5	
Tendency to overtrain	? 1 2 3 4 5	

General:

Training info:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Available (How many hours)							

Morning or afternoon							
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Do you have a roadbike? Yes/No _____ Do you have an indoor trainer? Yes/No _____

Do you have a Heart Rate Monitor? Yes/No _____ Model if yes: _____

Do you have a Power Meter? Yes/No _____ Model if yes: _____

Where do you do most of your training during the week? Indoor / MTB / Road _____

Do you train alone, or with someone? _____

If you train with someone, is this person/s stronger or weaker than you? _____

What is your max Heart Rate? _____

How was your Max Heart Rate value determined? _____

What is your Peak Power? _____

How was your Peak (max) Power value determined? _____

What is your Vo2 Max? _____

How was your Vo2 Max value determined? _____

What are your Lactate Threshold values? Heart Rate: _____ Power: _____

How tall are you? _____ Your weight? _____ Resting Heart Rate? _____