

PERFORMANCE RATING FORM

Name: _____

Date: _____

Please list performance barriers that have occurred within the last 2 weeks (e.g., negative thoughts, negative emotions, lack of concentration, etc.):

- _____
- _____
- _____

0
None

1

2

3

4

5

6

7

8

Moderate

Extreme

Please rate each of the following using the 0-8 scale above:

Performance Domain	Satisfaction With Performance	Impact on Performance
Intra-class training		
Extra-class training		
Relationships w/ staff		
Relationships w/ peers		

(From Gardner & Moore, 2007)



THE ACTOR'S DOJO