

First-Touch Personal Practice Record

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Nickname / initials (optional): _____ Date: _____

Task / setup version: _____

Ball / surface / footwear: _____

Distance / target dimensions: _____

What counts as controlled / valid: _____

Controlled = inside zone, within one comfortable step, balanced to play again.

Gentle ground passes. Record and repeat only unsuitable deliveries.

Receiving foot	1	2	3	4	5	6	7	8	9	10
Right foot										
Left foot										

Mark each valid attempt: C = controlled; N = not controlled. No pass mark.

Right: ____ controlled / ____ valid. Repeated unsuitable deliveries: ____

Left: ____ controlled / ____ valid. Repeated unsuitable deliveries: ____

Changed conditions / stopped early: _____

One helpful cue / observation:

Next step: repeat the same setup / label one changed variable:

Personal self-comparison only. No validated age norms or selection threshold.

Stop for discomfort or unsafe conditions. Keep records private; breaks are allowed.

Print at actual size or fit to page. Adapt to the player. Not individualized advice.