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| 1. **Informationen zur Athletin/zum Athleten** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zuname |  | | | | | | Vorname | | | |  | | | | | | | | | | | | Titel | | |  | | | | | | | m | | | w |
| Adresse: | Straße | | | |  | | | | | | | | | | | PLZ | | |  | | | | Ort | | |  | | | | | | | | | | |
| Tel-Nr./Mobil | | |  | | | | | | | | | | E-Mail | | | |  | | | | | | | | | | | | Geb.-Dat.: | | | | |  | | |
| Website | | |  | | | | | | | | | | Verein | | | |  | | | | | | | | | | Bundesland: | | | | | | | | | |
| Berufl./  Schul. Bildung | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sponsoren | | |  | | | | | | | | | | | | | Konfektionsgröße: | | | | | | | | | | | | Schuhgröße: | | | | | | | | |
| Sportart | | |  | | | | | | | | | | | | | Disziplin/en: | | | |  | | | | | | | | | | | | | | | | |
| Angehörige/r eines Leistungszentrums | | | | JA | | | | NEIN | | | | Welches: | | | | | | | | | | | | Wo: | | | | | | | | | | | | |
| 1. **Informationen zum Trainingsumfeld** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + **Trainerin/Trainerin** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zuname |  | | | | | | Vorname | | |  | | | | | | | | | | | | Titel | | | |  | | | | | | m | | | w | |
| ha/na/ea **\*)** | | | | | | | Tel./Mobil | | |  | | | | | | | | | | | | E-Mail | | | |  | | | | | | | | | | |
| Ausbildung/Qualifikation | | | | |  | | | | | | | | | | | | | Sportart | | | |  | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | Hauptberuf: | | | |  | | | | | | | | | | | | | | |
| \*) **ha** …. hauptamtlich, **na ….** nebenamtlich**, ea** …. ehrenamtlich | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + **Sportmanager/in** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zuname |  | | | | | | Vorname | | |  | | | | | | | | | | | | Titel | | | |  | | | | | | m | | | w | |
| Tel./Mobil: | |  | | | | | | | | | | | | E-Mail | | | | |  | | | | | | | | | | | | | | | | | |
| * + **Athletinnen/Athletenumfeld** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Betreuungsart | | | | | | Institut | | | | | | | | | Kontaktperson  (Zuname, Vorname, Titel) | | | | | | | | | | Tel-Nr./Mobil | | | | | | | | | | | |
| Sportmedizin | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
| Sportwissenschaft | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
| Sportpsychologie | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
| Ernährungswissenschaft | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
| Regeneration (Massagen,..) | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
| Rehabilitation (Physiotherapie,…) | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
| 1. **Leistungsentwicklung in den letzten 3 Jahren** (Angabe jeweils der 3 TOP Ergebnisse bei Internationalen Großsportereignissen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Datum | | Veranstaltung | | | | | | | Disziplin | | | | | | | | | | Platz | | | Anz. d. Teilnehmer/ innen | | | | | | | | Leistung  (messbar – Pkt., Zeit, …) | | | | | | |
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| **Weltrangliste gesamt (letzten 3 Jahre):** | | | | | | | | | Jahr:     Platz: | | | | | | | | | | Jahr:     Platz: | | | | | | | | | | | Jahr:     Platz: | | | | | | |
| 1. **Ziele für das laufende Jahr** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Datum | | Veranstaltung | | | | | | | Disziplin | | | | | | | | | | | | Platzierung | | | | | | | | | | Leistung (messbar – Pkt., Zeit, …) | | | | | |
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| 1. **Langfristige Ziele** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jahr | | Veranstaltung | | | | | | | Disziplin | | | | | | | | | | | | Platzierung | | | | | | | | | | Leistung (messbar – Pkt., Zeit, …) | | | | | |
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| Athlet/in Zuname |  | Vorname | | | |  | | | | | | | Titel | | | | |  | | m | | | w |
| 1. **Informationen zum IST-Zustand der Athletin/des Athleten** | | | | | | | | | | | | | | | | | | | | | | | |
| Wie viele sportmedizinische Untersuchungen werden von der Athletin/vom Athleten jährlich absolviert? | | | | | | | | | | | | | | | |  | | | | | | | |
| Letzte sportmedizinische Untersuchung (Datum): | | | | | | |  | | | | | | | | | | | | | | | | |
| Untersuchungsstelle: | | | | | | |  | | | | | | | | | | | | | | | | |
| * + **Sportpsychologische Untersuchung / Intervention** | | | | | | | | | | | | | | | | | | | | | | | |
| Wird der/die Athlet/in sportpsychologisch betreut? | | | | | | | | | | | | | | | | | JA | | | | NEIN | | |
| Wenn JA, wer führt diese Betreuungsmaßnahmen durch? | | | | | | | | | |  | | | | | | | | | | | | | |
| Psychologische Einstiegsdiagnostik erfolgt durch | | | |  | | | | | | | | | | | | | Wann: | | |  | | | |
| * + **Sportwissenschaftliche Untersuchung** (allg. u/o sportartspezifische Tests) | | | | | | | | | | | | | | | | | | | | | | | |
| Werden im Zuge des Trainings sportwissenschaftliche Untersuchungen durchgeführt? | | | | | | | | | JA | NEIN | | | | |  | | | | | | | | |
| Wenn JA, um welche Untersuchungen handelt es sich? | | | | | | | | | | | | | | | Untersuchungsstelle: | | | | | | | | |
| * + Allgemeine Tests zur Ist-Zustandsanalyse? | | | | | | | | | JA | | NEIN | | | |  | | | | | | | | |
| * + Sportartspezifische Tests zur Ist-Zustandsanalyse? | | | | | | | | | JA | | NEIN | | | |  | | | | | | | | |
| * + Technikanalysen (Biomechanik) ? | | | | | | | | | JA | | NEIN | | | |  | | | | | | | | |
| * + Trainingsprogrammanalysen? | | | | | | | | | JA | | NEIN | | | |  | | | | | | | | |
| * + Wettkampfanalysen? | | | | | | | | | JA | | NEIN | | | |  | | | | | | | | |
| * + **Trainingsalter** (seit wann regelmäßiges, systematisches Training)? | | | | | | | | | | | JA | | | NEIN | | | | | seit (Jahr): | | |  | |
| 1. **Informationen zu Training/Wettkampf** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Langfristiges Ziel** (2 oder mehr Olympiazyklen): | | | | | | | |  | | | | | | | | | | | | | | | |
| 1. **Mittelfristiges Ziel** (laufender Olympiazyklus): | | | | | | | |  | | | | | | | | | | | | | | | |
| 1. **Kurzfristiges Ziel** (laufendes Trainingsjahr): | | | | | | | |  | | | | | | | | | | | | | | | |
| 1. **Trainingseinheiten** (Durchschnitt): | | | T-Einheiten/Woche | | | | | | | | | T-Stunden / Woche | | | | | | | | | | | |
| 1. **Aktuelles Stärken – Schwächenprofil** (anhand der leistungsbestimmenden Faktoren der Sportart/Disziplin) | | | | | | | | | | | | | | | | | | | | | | | |
| Stärken | | | | | | | Schwächen | | | | | | | | | | | | | | | | |
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| 1. **Trainingsschwerpunkte im laufenden Trainingsjahr** | | | | | | | | | | | | | | | | | | | | | | | |
| Schwerpunkt | | | | | Ziel soll bis wann erreicht werden? | | | | | | | | | | | | | | | | | | |
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| 1. **Hauptwettkämpfe - festgelegte sportliche Ziele für die nächsten zwölf Monate** | | | | | | | | |
| Veranstaltung (inklusive allfälliger Ergänzungsinfo) | | | | Ort/STAAT | | | Datum | Angestrebte Leistung |
| - | | | |  | | |  |  |
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| - | | | |  | | |  |  |
| 1. **Aufbauwettkämpfe** | | | | | | | | |
| Veranstaltung (inklusive allfälliger Ergänzungsinfo) | | | | Ort/STAAT | | | Datum | Angestrebte Leistung |
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| 1. **Trainingsplanung** (zeitliche und inhaltliche Strukturierung)   ***Vorhandene schriftliche Unterlagen können in Kopie beigelegt werden, womit Sie sich das Ausfüllen weiterer Punkte ersparen!*** | | | | | | | | |
| 1. **Periodisierung lfd. Saison** *(siehe Beispiel)* | | | | | | | | |
| Periode | von - bis | | | | Ziel | | | |
| *VBP* | *MM/JJJJ - MM/JJJJ* | | | | *Allg. GAD, Kraft, Beweglichkeit* | | | |
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| Zusätzliche Bemerkungen: | | | | | | | | |
| 1. **Erfolgt eine Trainingsdokumentation?** | | | JA  NEIN | | | | | |
| Wenn JA, wer führt diese? | | |  | | | | | |
| 1. **Weitere wichtige Informationen zu Training und Wettkampf?** | | | | | | | | |
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| 1. **Wer ist für die Planung und Umsetzung des Trainings verantwortlich?** | | | | | | | | |
| Name: | | Tel.: | | | | e-Mail: | | |

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| 1. **Geplante Trainings- und Wettkampfmaßnahmen zur Erreichung der gesetzten Ziele** | | | | |
| Nr. | Ereignis bzw. Maßnahme | Ort/STAAT bzw. Details | Zeitpunkt/Datum | Ziel |
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