

NEW STUDENT ASSESSMENT INTERVIEW

Student Name: _____ Date of Assessment: _____

Email: _____ Phone: _____

Current Handicap Index or average score:

Have you taken golf lessons before? Yes No

How many times have you played on a course in the past month?

How often do you play practice (hours per week)?

What other sports have you played? Which sport were you best at?

Do you have any physical limitations that affect your game? If so, please describe.

How would you describe your overall physical condition?

Do you consider yourself a "mechanical" or "feel" player?

Do you enjoy participating in competitions?

Please define your goals for your golf game:

How much time do you intend to practice per week?

Which portion of your game do you most WANT to improve?

Which portion of your game do you most NEED to improve?