



DEVELOPMENT OF THE NATIONAL SPORTS STRUCTURE
NOC REPORT FORM

National Olympic Committee

Sport

IMPORTANT: this form must be duly completed and signed by the NOC and returned to Olympic Solidarity *in electronic format* at the latest two (2) month after completion of the project.

PROJECT DESCRIPTION

Dates of the programme

Start date
End date

Enter date dd/mm/yyyy
Enter date dd/mm/yyyy

Total duration: months

Full name of the expert

Dates of the stay
of the expert

From Enter date dd/mm/yyyy To Enter date dd/mm/yyyy
From Enter date dd/mm/yyyy To Enter date dd/mm/yyyy
From Enter date dd/mm/yyyy To Enter date dd/mm/yyyy

Total duration: days

Fulfilled Action Plan



Obtained objectives / results

EVALUATION OF THE PEDAGOGICAL ASPECTS OF THE PROJECT

Language	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Was interpretation necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, give evaluation:	<input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Poor
	Comments:
Was a national coordinator present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full name of the national coordinator	
Interest and general attitude of the participants	<input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Poor
Level of the participants	<input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Poor
Homogeneity of the different groups	<input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Poor
Details / comments:	



EVALUATION OF THE LOGISTICAL ASPECTS OF THE PROJECT

Venue		Level
Classroom	<input type="checkbox"/>	<input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Poor
Training room	<input type="checkbox"/>	<input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Poor
Other	<input type="checkbox"/>	<input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Poor

Available equipment	
Audiovisual support	<input type="checkbox"/> Other <input type="checkbox"/>
Overhead projector
DVD reader
Comments:	

Accommodation	Level
Hotel	<input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Poor
Food	<input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Poor
Comments:	

Local transport	Level
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Poor
Comments:	

Official representatives present during the course (from the NOC or the FN)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please specify:	



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Problems encountered before / during / after the course
(with participants, NF, NOC, IF or in general)

Yes No

If so, please specify: before during after

Comments:

General comments

ATTACHMENTS REQUIRED

Selection of best photos ¹⁾

Any other relevant information (i.e. press release, comments, etc.) – Please specify:

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THE NATIONAL OLYMPIC COMMITTEE

I, the undersigned, President/Secretary General of the above-mentioned National Olympic Committee, certify that the information provided above is true and accurate.

Name, function (President or Secretary General) and signature:

Date:

Stamp

This form is also available on NOCnet <http://extranet.olympic.org/nocnet>

¹⁾ Please refer to the *Delivery guidelines for the photographs provided by the NOCs* (see Folder II – Communications)