

RIDING FOR THE DISABLED ASSOC OF WESTERN AUSTRALIA
CARINE GROUP INC
Participation Assessment Plan 2021

Name of participant:

CLIENT GOALS (to be completed by client where possible with input from parent/carer/teacher/ therapist/coach)

1. What do you wish to achieve by participating in RDAWA programs?

Short Term:

Long Term:

2. What other activities are you interested in?

3. What do you find challenging in day-to-day life?

4. What are your strengths?

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5. What would you like to improve?

- | | |
|--|---|
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Attention / Concentration to task |
| <input type="checkbox"/> Mobility Sitting / Standing / Walking | <input type="checkbox"/> Posture Sitting / Standing / Walking |
| <input type="checkbox"/> Balance Sitting / Standing / Walking | <input type="checkbox"/> Independence |
| <input type="checkbox"/> Upper limb skills | <input type="checkbox"/> Endurance |
| <input type="checkbox"/> Self-esteem/confidence | <input type="checkbox"/> Enjoyment/motivation |
| <input type="checkbox"/> Social skills and interaction | <input type="checkbox"/> Riding/vaulting skills |

COMMENTS

Name Of Participant/Parent/Guardian/Teacher:

Date: _____/_____/_____

I confirm the above information is true and correct at the time of completing this form.