

2025 Client Goal Setting



Client's Name _____

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

My current weight is _____

My current height is _____

What goals do you wish to achieve by participating in the RDA Brigadoon programs?

1. 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?

Client Goal Setting



5. What would you like to improve?

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

Effective from	1 st January 2025	Review Date	31 st December 2025
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