**Applicant Assessment for RDA activities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RDA person** **Print name** |  | **Qualification**  |  | Date  |
| **Name of Group** |  | **County****Region**  |  |
| **Time and place of assessment** |  | **Names of people at assessment** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant’s name**  |  | **DOB:** | Height: |  | Weight |  st lbs |  medical history |
| Maximum weight carrying limit of available equines |  st lbs medical history | Action: Complete assessment Refer on to: |
| Have you seen a completed Application form for this person, understood the medical information and sought help if required from county / regional officials listed in the current handbook? | Y / N |  |
| Have you considered whether there are any contraindications/ precautions? (**found on the RDA website -** [**www.rda.org.uk**](http://www.rda.org.uk))Is there anything that you need help with? If yes, then please seek help from your county and regional officials listed in the current handbook | Y / NY / N | If Yes, then list here: |
| Has the person had any previous riding/equine contact (not only RDA)?  | Y / N | If Yes, then list here: Was a riding helmet worn? Y / N |
| Did you see the person arrive? | Y / N | What did you notice? |

|  |
| --- |
| **Please tick all of the following that apply:** |
| **Does the person use** | A self-propelled wheelchair | A powered wheelchair | Any equipment such as leg / hand splints | **Does the person use** | A self-propelled wheelchair |
| **Can the person** | Walk independently | With a wheeled walking aid | With crutches | With a stick  | With physical support from another person |
| Walk on an uneven surface with help / without help | Stand still and balance without any support | Stand and balance on their left leg for a few seconds | Sit independently on a stool / chair without arms and without leaning on the back of the chair |
| Walk up steps independentlye.g. mounting block | With help from 1 / 2 people to walk up steps e.g. mounting block | Unable to walk up steps  |
| **How does the person communicate?** | Speech / sounds | Makaton | Sign Language | Other |
| **Are your instructions easily understood?** | Y / N | **Are there any Health & Safety issues e.g. behaviour that challenges** | Y / N. If Yes please explain how you will manage this. |
| **Is there any further relevant information from the person / parent/ carer?** | Y / N |
| **Additional Information:**  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Movements** |  | ***Comments*** |  | **Movements**  |  | ***Comments*** |
| Able to walk in | Y/N |  | right_leg_liftLift right leg and foot (maintaining good sitting posture) | Y/N |  |
| Turn to sit  | Y/N |  | Lift Left leg and foot (maintain good sitting posture) | Y N |  |
| Sit on chair (no armrests) | Y/N |  | Straighten right knee (posture?) | Y/N |  |
| Sit at front of chair | Y/N |  | Straighten left knee (posture?) | Y/N |  |
| needs_to_propFree head movement | Y/N |  | sit_tallAbility to sit tall (Slump Upright) | Y/N |  |
| Needs to prop | Y/N |  | hold_reinsHold arms in positon of reins and move forward and back a few inches | Y/N |  |
| right_leanLean trunk 4” to right | Y/N |  | Sit to stand  | Y/N |  |
| Lean trunk 4” to left  | Y/N |  | lift_right_legStand and lift right knee (with /without support) | Y/N |  |
| lean_forwards_returnLean forwards a few inches and return | Y/N |  | Stand and lift left knee (with / without support) | Y/N |  |
| lean_back_returnLean backwards a few inches and return | Y/N |  | Open legs wide enough to sit astride the horse  | Y/N |  |

**Summary and recommendations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are RDA activities recommended?** | Y / N If No then please state the reason: | **Activity recommended** | Riding Unmounted sessionsEquine simulator |
| **Please refer on for carriage driving or vaulting** |
| **Riding hat type and size;** **a hat is required for all RDA activities** |  | **Does an alternative hat form need to be completed?**e.g. if a cycling helmet is more appropriate | Y / N Date completed |
| **Is any special tack required? Please tick** | Pad/sheepskin roller special saddle adapted reins (loop, bar, rainbow, other) toe stoppers bunny ears balance strap no stirrups other (please list): |
| **Suitable available equines with weight carrying limit** |  | **Mounting****Please tick** | Conventional Step over  Sideways sit and right leg over neck of equine  Other (please state and give date of approval):  How many people are required for mounting? |
| **Mounting equipment required** | Mounting block with steps Martello single, double, top block Ramp Hydraulic platform Hoist Other |
| **Dismounting** | Conventional to ground Leg over neck to ground Other (please state and give date of approval) How many people are required? |
| **Team required for activity:**  | Leader No of side walkers Independent rider  |
| **Is any team training required?** | Y / N | **If Yes please state what training is required** |
| **Recommended session** | Day | Time | Location | Coach |
| **RDA Person signature**  |  |

**Coach Assessment Guidance**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Movements** |  | **Comments** |  | **Movements** |  | **Comments** |
| Able to walk in | Y/N | Balance / symmetry | Lift right leg and foot (maintaining good sitting posture)  | Y/N | Needed for getting feet in and out stirrups. Mounting.  |
| Turn to sit | Y/N | Chair facing. Affects mounting and motor planning / spatial awareness | Lift left leg and foot (maintaining good sitting posture) | Y/N | Is this the same for both side or is there asymmetry ? |
| Sit on Chair (no armrests) | Y/N | Ensure feet supported and flat | Straighten right knee (posture ?) | Y/N | If unable sit-stand will be hard /impossible dismounting |
| Sit at front of chair | Y/N | Remember, saddle has no back. Seek back of chair ?  | Ability to sit tall(slump upright)  | Y/N | Note ability to move pelvis |
| Free head movement |  | Note | Hold arms in position of reins and move forward and back a few inches | Y/N | Is there freedom at shoulder and elbows to fellow horse’s movement ?  |
| Needs to prop | Y/N | If yes will need to prop on equine, therefore does not have independent sitting balance /side help | Sit to stand  | Y/N | Will affect mounting/dismounting (note how achieved ?) Rising trot |
| Lean trunk 4’’ to right Guard if unstable | Y/N | If unable to maintain balance when leaning be careful with choice of equine, pace, turns and reaching.  | Stand and lift right knee (with / without support)  | Y/N | Is this the same for both sides or is there asymmetry ? Does it look awkward ? |
| Lean trunk 4’’ to leftGuard if unstable | Y/N | Can s/he sit on one seat bone? Is this the same for both sides or is there asymmetry ? |  |
| Lean forwards a few inches and return | Y/N | If difficult it will be hard for rider when equine halts |
| Lean backwards a few inches and return  | Y/N | If difficult it will be hard for rider when equine walks on |
| Open legs wide enough to sit astride the equine | Y/N | Will inform equine choice. If hips are tight, rider will bend legs and tip back into c-sitting position. (backwards tilt of pelvis) |