## **RDA COACH REVIEW FORM**



COACH NAME:									
GROUP:				DATE:					
Passport seen	and	l u	p to	o date: Y/N					
Safeguarding (	Cert	tific	cate	e seen: Y/N Expiry Date:	_				
PRE-VISIT NOTES:									
BRIEFING NOTES:									
OBSERVATION/EV	/ID	E	ICI	E Essential Desirable					
Capability <sup>1</sup>	A	C	P	Evidence (MUST be included where action required)					
				Pre Session Checks					
Plan for a suitable and	Α	С	Р						
progressive session									
Risk assessment	A	С	P						
Riders and volunteers	Α	С	Р						
welcomed / briefed									
Equines and tack fit for the job	A	С	P						
Mounting and Dismounting									
Safe and effective	Α	С	Р						
mounting and									
dismounting		<u> </u>							
D				Knowledge & Rapport with Riders					
Preparation and communication	Α	C	P						
Medical conditions and	Α	С	Р						
contra-indications	<b> </b> ^	C	r						
Involvement and	Α	С	Р						
progression for all									
				Coaching Skills					
Listens / questions to	Α	C	P						
engage & develop riders									
Positive behaviour and	A	C	P						
language Feedback provided to	Α	С	P						
riders	Ĺ	Ľ	Ľ						
Technical Instruction									
Position and posture	A	C	P						
Use of aids	A	С							
Equine interaction	Α	C	P						

All of the essential capabilities must be met along with at least 3 of the 5 desirable capabilities for Group Coaches. All capabilities must be met with at least four Proficient capabilities anywhere for Coaches.

Take a photo of this form once completed and send to the coach and RDA National Office.

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<sup>&</sup>lt;sup>1</sup> A: Action required as falls below competent standard, C: Competent, meets standard, P: Proficient, exceeds standard (see accompanying capability table for details)

NOTES FROM POST-OBSERVATION DISCUSSION								
COACH REFLECTIONS								
DISCUSSION AND FEEDBACK From Coach Developer								
AGREED DEVELOPMENT PLAN								
GOAL	WHAT I NEED TO DO	SUPPORT I NEED	TARGET DATE					
his review is evidence that the	ne coach REMAINS / IS NOT at the standard required	to coach within RDA Group sessions, in line with t	heir qualification.					
Signature of Reviewer:	Name of	Reviewer:						
Signature of Coach:	Date:							

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