

Dressage SA - Session Feedback Form



Name of Rider(s): _____

Venue: _____

Date: _____ Cell No. _____ Subject: _____

Was a safety check carried out? YES / NO

SIGNATURE OF COACH GIVING THE SESSION:

Circle the appropriate comment in each case _____

	Excellent	Good	Satisfactory	Insufficient
Amount of ACTIVITY horse & rider	x	x	x	x
Suitable to OBJECTIVE/AIM	x	x	x	x
VARIETY	x	x	x	x
Use of NAMES	x	x	x	x
Use of management of TIME	x	x	x	x
Use of ARENA	x	x	x	x
Use of EQUIPMENT	x	x	x	x
SAFETY MANAGEMENT	x	x	x	x
PROGRESSION	x	x	x	x
Individual ATTENTION	x	x	x	x
Positive FEEDBACK coach to rider	x	x	x	x
Achievement of OUTCOMES	x	x	x	x
Fun	x	x	x	x
Questioning Skills	x	x	x	x
Use of IDEAS principle				

Comments of coach evaluating the session, and feedback provided to the coach :

If any further space is needed for comments, please write this on the back of the page.

SIGNATURE OF COACH EVALUATING THE SESSION : _____