

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?
