

STUDENT/ CLIENT SKILLS PROFILE

To be completed by someone who knows the person well, this could be a Teacher/ Kaiako/ Specialist Teacher/ Special Education Needs Coordinator (SENCO)/ Learning Support Coordinator /Support Worker/Parent / Caregiver. This information is important and is to assist with evaluation and planning of an RDA Programme.

Rider name		Date of birth	
Name and position of person completing this form		Phone No: of person completing this form	
School/ Kura/ Organisation		Date of assessment	

Please describe the student/ clients skills in the following areas:

<p>Physical Skills</p> <p>Examples:</p> <ul style="list-style-type: none"> • Balance • Motor control (Gross and Fine) • Hand/eye co-ordination • Visual motor/ perception skills 	
<p>Sensory/ Communication</p> <ul style="list-style-type: none"> • Hearing • Vision • Sensory processing differences. • Communication difficulties. Eg. Non-verbal, uses AAC 	
<p>Social/Emotional</p> <ul style="list-style-type: none"> • Behavioural • Social skills and interactions • Family / Home Situation • 	
<p>Executive Function Skills</p> <ul style="list-style-type: none"> • Memory • Attention Ability/Span • Ability to follow direction/instruction • Awareness • Motivation/Initiative • Flexibility in thinking • Impulse control 	
<p>Academic Skills</p> <ul style="list-style-type: none"> • Language • Reading <p>Mathematics</p>	
<p>Life Skills</p> <ul style="list-style-type: none"> • Dressing • Toileting • Eating and drinking 	
<p>Specialist support e.g., ORS Funded, Individualised funding</p>	

<p>Other specialists involved in their care e.g. Physiotherapist/ OT, Mental Health worker</p> <p>Name and phone of specialists.</p>	
<p>What would you like to see this person achieve at RDA?</p>	
<p>Any other information?</p>	

This information will go towards planning RDA sessions and developing goals. Please also attach a copy of the most recent IEP/IBP or other support plans if available.