**Client Assessment Form**

**(Of Facilitator)**

(Do not change format of this document)

Client Name ………………………………………………………………………………………………………………………………………………………………

Facilitators Name: ………………………………………………………………………………………………………………

Legal Guardian’s Name (if client under 18) …………………………………………………………………………………………………………………

Contact Telephone Number (or legal guardian if under 18) ………………………………………………………………………………………

E-mail address (or legal guardian if under 18) ……………………………………………………………………………………………………………

Age of client ………………………………………..

Address of session venue: ………………………………………………………………………………………………………………

Number of sessions attended ……………………………………..

Length of session(s) ………………………………………………..

Reason(s) for attending ………………………………………………………………………………………………………………………………………….

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Did you complete a waiver? YES / NO

Did the facilitator explain what EFL is and/or how a session might look? YES / NO

Were you happy with how the session(s) went and what were the highlights or issues ………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………

Any other comments about your facilitator, horse(s) or venue ………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………..

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Are you happy to discuss any of the above by telephone with a staff member of AEFL Pty Ltd YES / NO

Signature …………………………………………………………………………………………………………………………………………………………………..

Signature of legal guardian (if client is under 18) ………………………………………………………………………………………………………..

Please return this form to your facilitator or send it by email or post directly to :

**AEFL Pty Ltd, 17 Juliet Gardens, Pakenham, Vic 3810**

**Email – AEFLPtyLtd@gmail.com**

*This information will be treated in the strictest confidence and all records destroyed once the facilitator has completed the required tasks*