**Client to complete:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **First Name** | **Family Name** | **Phone** | **Email** |
|  |  |  |  |  |
| **Lowest Handicap** | **Current Handicap** | **Handicap Goal** | **Best Score** | **Occupation** |
|  |  |  |  |  |
| **Other Sports Played** | | | **Any Ailments** | |
|  | | |  | |
| **Your Golf Goals** | | | **Ever Had Lessons (if yes how many, where and with whom?)** | |
|  | | |  | |
| **Competency Self-Assessment** | | | | |
|  | | | | |
| **Aspect** | **Rating out of 10** | **Description** | | |
| Putting |  |  | | |
| Chipping |  |  | | |
| Pitching 10–60m |  |  | | |
| Bunkers |  |  | | |
| Irons |  |  | | |
| Hybrids / Fairway woods |  |  | | |
| Driver |  |  | | |
| Mindset |  |  | | |
| Fitness |  |  | | |
| Course Mgt. |  |  | | |
| Frustration |  |  | | |
| **What do you want from this lesson** | | | | |
|  | | | | |

**Coach or Instructor to complete:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Preparation** | | | **Pivot Motion** | |
| **Aspect** | **Rating out of 10** | | **Aspect** | **Rating out of 10** |
| Feet |  | | Hip Rotation |  |
| Knees |  | | Shoulder Rotation |  |
| Hips |  | | Weight Shift Back |  |
| Shoulders |  | | Weight Shift Down |  |
| Forearms |  | | Finish Position |  |
| Eyes (focal points) |  | | **Club Position** | |
| Clubface |  | | Hip-high Back |  |
| Grip |  | | Shoulder High Back |  |
| Posture |  | | Top of Swing |  |
| Ball Position |  | | Start Down |  |
| Hand Position |  | | Delivery Position |  |
|  |  | | Impact Position |  |
|  |  | | Hip-High Through |  |
|  |  | | Finish |  |
| **Coach / Instructor Feedback (about skills, technique, mindset and approach)** | | | | |
|  | | | | |
| **Suggested Drills** | | **Recommended Lessons, Clinics or On-course Tuition** | | |
|  | |  | | |