**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** |
|  |  |