



EQUESTRIAN DEVELOPMENT PROGRAMME LOG BOOK

This Book Belongs to:

(INSERT YOUR NAME HERE)

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GENERAL INFORMATION SHEET

This log book has been specifically designed to assist the rider and coach in planning, monitoring and evaluating the development and performance of the rider and his or her horse.

It is intended that the rider complete this log book on a regular basis and may be required to submit all or aspects of it to SAEA when requested.

Riders are required to submit the following pages at the beginning of each year or programme and at other periods on request:

1. Form 1: Contact Information Sheet
2. Form 2: Horse Information Sheet
3. Form 3: Goal Setting Action Plan
4. Form 8: Nutrition and Lifestyle information
5. Form 9: Athlete wellbeing checklist

Those riders who are enrolled on specific development programmes will be required to submit the following pages on a monthly basis:

1. Form 4: Individual Coaching Session Report
2. Form 5: Squad Coaching Session Report
3. Form 6: Performance Review List
4. Form 7: Competition Record

Riders are required to submit the following pages in addition to all of the above listed forms at the end of each year or conclusion of the programme:

1. Form 10: Evaluation of Coaching Programme
2. Form 11: Monitoring of Achieved Goals

Check with SANEF about what reports are required and when. It is your responsibility to ensure that you submit the required reports. In many instances your funding will be dependent on receipt of these reports.

At the end of your log book you will find an Evaluation Form which is to be completed by you at the end of the year or programme and a copy returned to SANEF.

We hope you enjoy your Coaching Programme!

Form 1: CONTACT INFORMATION SHEET

Personal Details:

Name:

Age:

Date of Birth:

Physical address:

.....

.....

Tel: Cell:

Fax: E-Mail:

Horse Society registration number:

Qualifications achieved:

.....

Qualifications currently registered for:

.....

Hobbies and other activities:

.....

Coach Details:

Name:

Physical address:

.....

Tel: Cell:

Fax: E-Mail:

Horse Society registration number:

Qualifications:

.....

.....

.....Experience:

.....

.....

.....

.....

Form 2: HORSE INFORMATION SHEET

Please complete one form for each horse ridden

Registered name:

Passport number:

Age: Height:

Colour: Breed:

Sire: Dam:

Length of current partnership:

Horse's previous competition experience:

.....
.....
.....
.....
.....

Horse Strengths:

.....
.....

Horse Weaknesses:

.....
.....

Owner details

Name:

Contact address:

.....
.....

Tel: E-mail:

Form 3: GOAL SETTING PLAN OF ACTION

It is important for the rider and coach to identify and discuss long, medium and short term goals. This page is to be used to set a realistic plan to achieve your intended goals.

Remember that goals must be tangible, realistic, specific, measurable and achievable within a set time framework.

Goal	Specific description of the goal.	Who can help me?	What can stop me achieving this?	How will I know I've achieved this?	By when will I have achieved this?
Long term (10years)					
1.					
2.					
3.					
Medium term (5years)					
1.					
2.					
3.					
Short term (2years)					
1.					
2.					
3.					
Immediate					
1.					
2.					
3.					

Form 4: INDIVIDUAL COACHING SESSION REPORT

This form is to be completed by both the rider and coach for each coaching session.

Date of training session:

Name of horse:

Aims for the session:

1.

2.

3.

Brief description of what actually happened in the session:

.....
.....
.....
.....
.....
.....
.....
.....

Coaches comments:

.....
.....

Rider's comments:

.....
.....

Agreed actions to work on:

1.

2.

3.

Coach's signature:

Date:

Rider's signature:

Date:

Form 5: SQUAD COACHING SESSION REPORT

This form is to be completed by both the rider and coach for each coaching session.

Date of training session:

Name of horse:

Name of Coach:

Aims for the session:

1.

2.

3.

Brief description of what actually happened in the session:

.....
.....
.....
.....
.....
.....
.....
.....
.....

Additional skills practiced (physical, mental training):

.....
.....

Rider's comments relating to Performance:

.....
.....

Agreed actions to work on:

1.

2.

3.

Mental approach (mood/feelings/thoughts before, during and after):

.....
.....
.....

Form 6: PERFORMANCE REVIEW LIST

This form is to be completed after every competition.

Competition:

Venue:

Date:

Tests ridden:

Description of Performance (include scores, as well as what worked and what did not work):

.....

.....

Mental approach (mood/feelings/thoughts before, during and after):

.....

.....

List the Positive Points of your Performance include your associated thoughts and feeling states: *(Work hard to focus on the positives)*

	Positive Point	Associated Thought	Associated Feeling
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

List the Negative Points or Challenges of your Performance include your associated thoughts and feeling states: *(Carefully consider how to improve these areas.)*

	Negative Point	Associated Thought	Associated Feeling	What training is needed?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Form 8: NUTRITION AND LIFESTYLE INFORMATION

Please consider the following, in order to better define your individual needs and requirements.

1. Describe how the following food and lifestyle habits may affect your performance, either positively or negatively?
 - a. Caffeine:.....
.....
 - b. Alcohol:.....
.....
 - c. Sugar and sugary foods:
 - d. Cigarettes:
 - e. Fatty / buttery foods:
 - f. Fruit and Vegetables:
 - g. Cereals, pasta and rice:

2. Indicate the quantities of the following you consume on a daily basis:
 - a. Caffeine:
 - b. Alcohol:
 - c. Sugar and sugary foods:
 - d. Cigarettes:
 - e. Fatty / buttery foods:
 - f. Fruit and Vegetables:.....
 - g. Cereals, pasta and rice:

3. How do you think diet and hydration status can help improve concentration?
-
-

4. Indicate the quantities of water you drink on a daily basis
-

5. What do you do to rehydrate after exercise?
-

6. Are there any particular dietary / lifestyle habits you'd really like to change, or have been trying to change?.....
-
-
-

7. Which areas of your diet and lifestyle do you think could be improved upon?.....
.....
.....
8. Do you have enough energy on a daily basis to do everything you have to do? If not, give reasons for this.
.....
.....
9. On average how many hours of sleep do you get in a 24 hour period?
a. Less than 5hrs Between 5 & 6.9hrs Between 7 to 9hrs
 more than 9hrs
- b. Do you believe you get enough sleep?
10. List any obstacles you feel could get in the way of making any positive changes to existing dietary and lifestyle habits.
a.
b.
c.
11. Do you have any health or digestive problems that hinder any areas of your performance?.....
.....
.....
12. Have you ever had your diet assessed? Yes / No
13. Would you like to have your diet assessed? Yes / No
14. In general, compared to other persons your age, rate how healthy you are:
1 -2 -3-4 -5-6- 7-8- 9-10
Not at all Somewhat Extremely
healthy healthy healthy
15. Outside of your normal work or daily responsibilities, how often do you engage in exercise that at least moderately increases your breathing and heart rate and makes you sweat, for at least 20 minutes?
(Examples: brisk walking, cycling, swimming, jogging, aerobic dance, stair climbing, rowing, basketball, racquetball, vigorous yard work, etc.).
 5 or more times per week 3 to 4 times per week
 1 to 2 times per week Less than 1 time per week
 Seldom or never
16. How have you been feeling in general during the past month?
 How have you been feeling in general during the past month?
 In excellent spirits

- In very good spirits
- In good spirits mostly
- I've been up & down in spirits a lot
- In low spirits mostly
- In very low spirits

17. Do you experience any physical pain or discomfort whilst riding?
Yes / No

18. If your answer to question 17 is Yes, then give details:

.....

.....

.....

19. How often do you attend one of the following support activities:

- a. Physiotherapy
- b. Pilates
- c. Yoga
- d. Biokinetics
- e. Other – describe:

20. Please detail any relevant medical history that would be important for your coach and management team to be aware of:

.....

.....

.....

.....

.....

Discuss your answers to this questionnaire with your coach and identify those areas that are working well as well as those that need to be improved. It may be necessary to discuss certain aspects or seek assistance through the service offering at the COS.

Form 9: ATHLETE WELL BEING CHECKLIST

There are many different ways to assess wellbeing; the following 'quiz' is an extremely useful way to monitor training load and recovery in the athletes I coach. There are only six points, and the whole test takes less than one minute to complete.

Rate each statement on a 1-5 scale as follows: 1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree.

- (1) I slept really well last night.
- (2) I am looking forward to today's workout.
- (3) I am optimistic about my future performance(s).
- (4) I feel vigorous and energetic.
- (5) My appetite is great.
- (6) I have very little muscle soreness.

Evaluate yourself in this way each morning when you are ready to start your day. If your total score is 20 or above, your overall state of recovery is pretty good and you have probably recovered enough to carry out a high-quality workout on that day. If your total score is below 20, it is probably a good idea to rest or work easily until your score rises again.

This checklist can also be used during tapering periods to determine how well your recovery is going. If you have been training close to the borderline of overtraining before tapering, you might start the tapering period with a score of 15-18 (a lower score may indicate that you are already stale or over trained). As the tapering period progresses, your score should rise steadily. In fact, the optimal situation would be for your ratings to reach 'flood stage' of 27-30 just before your major competition.

Form 10: EVALUATION OF YOUR COACHING PROGRAMME

1. I believe my greatest learning during this coaching programme has been
.....
.....
.....
2. I believe my greatest challenge during this coaching programme has been
.....
.....
.....
3. I would describe my relationship with my personal coach as
.....
.....
.....
4. I found the squad coaching session to be
.....
.....
.....
5. I think the following could be improved for future programmes:
.....
.....
.....
6. The least valuable aspect of this programme was
.....
.....
7. The most valuable aspect of this programme was
.....
.....
.....

Form 11:

MONITORING OF GOAL ACHIEVEMENT

Goals are only valuable if you are motivated to achieve them and if they have been realistically set. Use this chart to evaluate the achievability of your goals as determined in your initial goal setting action plan.

[Check: Were your goals tangible, realistic, specific, measurable and achievable within a set time framework?]

Goal	Specific description of the goal.	Who did help me?	What stopped me achieving this?	How do I know I've achieved this?	On what date did I achieve this?
Long term (10years)					
1.					
2.					
3.					
Medium term (5years)					
1.					
2.					
3.					
Short term (2years)					
1.					
2.					
3.					
Immediate					
1.					
2.					
3.					