



Rider Assessment Form

Participant: _____

Age: _____ Height: _____ Weight (180 max): _____ Gender: M | F

Diagnosis: _____ Date of Onset: _____

Has this rider participated in other therapeutic equestrian activities with another program? _____

If Yes, please indicate facility name and location and if we can contact them: _____

What do you hope you/your child will receive by participating in therapeutic horsemanship?

Please describe you/your child's strengths and abilities: _____

If there are any special issues (e.g. physical, behavioral, sensory, social), how do you prefer to handle typical situations? Please include methods of behavior modification, communication and anything else that may be pertinent for the instructors or volunteers to know while working with you/your child: _____

Rider's Goals and Objectives

Please mark the boxes below which are individual goals for this rider. These goals will be used by our instructors to develop lesson plan objectives. Each lesson usually includes a pre-riding activity and actual riding which includes mounting, warm up, a core lesson/activity/goal, warm down activity and dismounting.

Within each category, please check off the goals that are most important.

| Physical Goals | Social & Recreational Goals | Cognitive & Educational Goals |
|--|--|---|
| <input type="checkbox"/> Improved balance | <input type="checkbox"/> Socialization | <input type="checkbox"/> Color recognition |
| <input type="checkbox"/> Improved posture | <input type="checkbox"/> Cooperation | <input type="checkbox"/> Shape recognition |
| <input type="checkbox"/> General coordination | <input type="checkbox"/> Sportsmanship | <input type="checkbox"/> Verbalization |
| <input type="checkbox"/> Eye/hand coordination | <input type="checkbox"/> Enjoyment | <input type="checkbox"/> Vocabulary expansion |
| <input type="checkbox"/> Head control | <input type="checkbox"/> Confidence/self-esteem | <input type="checkbox"/> Sequencing |
| <input type="checkbox"/> Trunk control | <input type="checkbox"/> Communication skills | <input type="checkbox"/> Spatial awareness |
| <input type="checkbox"/> Muscular strength | <input type="checkbox"/> Increased attention | <input type="checkbox"/> Reading skills |
| <input type="checkbox"/> Gross motor skills | <input type="checkbox"/> Decreased attention | a. Letter recognition |
| <input type="checkbox"/> Fine motor skills | <input type="checkbox"/> Responsibility | b. Word recognition |
| <input type="checkbox"/> Decreased tactile defensiveness | <input type="checkbox"/> Self-sufficiency | c. Basic sentences |
| <input type="checkbox"/> Muscle tone | <input type="checkbox"/> Social skill development | d. Other: _____ |
| <input type="checkbox"/> Increased range of motion | <input type="checkbox"/> Teamwork | <input type="checkbox"/> Math Skills |
| <input type="checkbox"/> Sensory Integration | <input type="checkbox"/> Respect | a. Number recognition |
| <input type="checkbox"/> Endurance | <input type="checkbox"/> Independence | b. Add/Subtract |
| <input type="checkbox"/> Visual/Spatial orientation | <input type="checkbox"/> Trust | c. Multiplication |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Interpersonal relationships | d. Fractions |
| | <input type="checkbox"/> Other: _____ | e. Measurements |
| | | f. Other: _____ |
| | | <input type="checkbox"/> Other: _____ |

1. **Is this rider:** (circle one) Left Handed | Right Handed | Ambidextrous | Unsure
2. **Is this rider hearing Impaired?** Yes | No IF YES: Which side is affected: Left | Right | Both
 - a. **Wear hearing aids?** Yes | No
3. **Does this rider use sign language?** Yes | No
4. **Is there anything else the riding center should know to make the riding session safe and productive?**

This form was completed by: _____ **Relationship:** _____

For Center Use Only: Helmet Size _____ Horse Needs: _____

Equipment Needs: _____

Volunteer Needs: _____

Environment Needs: (Group, Private, Semi-Private Lesson etc.) _____

Other: _____

Signed by: _____ Date: _____