

HORSES & HORIZONS THERPEUTIC LEARNING CENTER, INC.
2017
PARENT'S/CARE GIVER'S QUESTIONNAIRE FOR NEW RIDERS

PLEASE ANSWER ALL QUESTIONS.

Rider's Name _____ Your Name _____ Phone No. _____

1. In which lesson session(s) would you like your rider to participate?

___ Session I (May 1st - June 28th) ___ Session II (July 10th - Aug. 30th) ___ Session III (Sept. 11th - Oct. 25th)

2. **Please NUMBER the lesson days and times from 1 to 6 in order of your preference.** We will do our best to accommodate you, but the number of volunteers and horses available at a given time, as well as grouping riders appropriately usually determines the best day and time for your rider.

<u>Monday</u>	<u>Wednesday</u>
___ 5:00 p.m. - 6:00 p.m.	___ 5:00 p.m. - 6:00 p.m.
___ 6:00 p.m. - 7:00 p.m.	___ 6:00 p.m. - 7:00 p.m.
___ 7:00 p.m. - 8:00 p.m.	___ 7:00 p.m. - 8:00 p.m.

3. In which of the following areas would you most like to see your rider improve?

SOCIAL/COMMUNICATION AREA **Choose no more than five objectives in this area.** (Make up your own if necessary.)

___ increase attentions span ___ listen to and follow directions ___ stay on task ___ respond to instructor's requests
___ ask more questions ___ ask fewer questions ___ speak more clearly ___ speak louder
___ talk less, listen more ___ participate during lesson ___ interact with others ___ relate to the horse
___ give commands to the horse ___ increase self-confidence ___ increase independence

Other (Please explain.) _____

PHYSICAL IMPROVEMENTS **Choose no more than five objectives in this area.** (Make up your own if necessary.)

___ improve head control ___ improve trunk control ___ improve balance ___ improve strength
___ reduce muscle spasticity ___ adjust to different touch sensations (horse hair, feel of saddle, etc.)
___ adjust to being on top of the horse ___ adjust to the horse's movement ___ be able to ride with fewer helpers

4. If necessary, could you or a member of your family volunteer to help with lessons?

___ Yes ___ No

5. Please tell us how you found out about Horses & Horizons Therapeutic Learning Center.

___ newspaper article ___ flyer ___ doctor or therapist's recommendation
___ friend or family member

Other (please explain) _____
