

# Rider Questionnaire

Student Name: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_

*SHAR would like to use the information you provide below to individualize your rider's instruction to suit their needs and goals. Please share as much detail as possible. Input from therapists is helpful as well.*

What types of skills would you like to see your rider accomplish in the next 2 months? 4 months or by the end of the Assisted Riding season?

What are some goals your rider may be working on in another setting that you feel we could also include in their riding lessons (i.e. goals on an IEP from school or tasks an OT or Speech Pathologist, etc. may be working toward)?

Are there any tips or techniques you could share with us with respect to communicating with your rider?

Are there any specific behavioral concerns for your rider that we should be aware of? What will trigger these behaviors? How can we avoid them? How would you like us to manage them if they are to arise?

Any other information you feel would be beneficial for the staff and volunteers at SHAR?

Please list the following contacts where applicable:

Occupational Therapist: Name \_\_\_\_\_ Phone \_\_\_\_\_

Physical Therapist: Name \_\_\_\_\_ Phone \_\_\_\_\_

Social Worker: Name \_\_\_\_\_ Phone \_\_\_\_\_