



## **Program Participant Questionnaire**

*Thank you for providing us with the following information which will help us better understand the needs of our program participants and better meet their learning goals.*

Today's date:

Program participant's name:

Age:

Who is filling this form out? (Name and relationship):

Parent/Guardian contact information (address, email and phone):

1. Briefly describe disability:

2. What are the physical symptoms of the disability?

3. What goals do you have and what do you hope to achieve by participating in this program?

a. Short term goals (6-12 months):

b. Long term goals (2-3 years):

c. General/other Goals:

4. What other treatments or therapies have been used (please specify when and for how long):

5. Describe concentration, attention span and general awareness?

6. Describe common moods (happy, aggressive, easygoing, enthusiastic, passive, excitable, depressed, introverted or extroverted):

7. Describe communication skills/style (expressive and receptive language):

8. Is there a history of incontinence?

9. What positive reinforcements work well? Which do not?

10. Describe past horse experience:

11. Please use the reverse side to indicate any other areas of behavior and personality that will help us to best communicate, understand and work together.

