

Heavenly Hooves Therapeutic & Recreational Riding Center
Getting to Know the Rider!

Rider Name: _____ Date: _____ Session _____

1. Please tell us about your Rider. (Ex. Favorite food, hobbies, pets, home life, siblings)

2. What types of things work best for your Rider in terms of rewards and motivation?

3. Does your Rider have any balance, coordination, or physical challenges? _____

4. What are your out-come expectations from these lessons? _____

5. How does your Rider best communicate with others?

- Spoken Language
- Sign Language ASL E/E
- Written Language
- Communication device
- Combination of the above (please describe)

6. Does your Rider use:

- Echolalia (repeating words without regard for meaning)
- Stemming (rocking, spinning, hand flapping)
- Self Regulatory Behavior (Please describe how your Rider uses this self soothing behavior)

7. Do changes in your Rider's environment affect their behavior?

- Never
- Sometimes
- Frequently

8. In your experience what is that best way to cope with these challenges and get your Rider back on track?

9. Does your Rider have any sensory sensitivity that what we should be aware of?

No

Yes

Please Specify:

Visual

Auditory

Smells

Touch

Taste

10. Does your Rider student display aberrant behavior we should be aware of? _____

11. Are there triggers for these behaviors?

Sensory sensitivity

Social attention

Change in schedule of routine

Escape a boring task

Weather extremes

Other- Please Specify

12. What are the goals you have for your Rider in this therapy? _____

13. What techniques do you use at home that we can implement into our therapies to create a more comprehensive improvement in your Rider's life? Include speech, physical and behavioral therapy techniques.
