



HILLTOP THERAPEUTIC RIDING PROGRAM PARTICIPANT QUESTIONNAIRE

It is helpful for the staff at Hilltop to know your participation goals, interests, and understand your current status prior to developing a program for you. Please complete the following questions.

Name: _____ DOB: _____

Please indicate the program(s) you are interested in: Riding ____ Carriage Driving ____ Equine Learning ____

Disability: _____

Posture: _____

Balance: _____

Movement / Coordination: _____

General Attitude & Behavior: _____

Perceptual / Balance Problems: _____

Communication Challenges & Methods (Verbal, Sign, PEC): _____

Cognitive Abilities (age level, multi-step directions): _____

What are your goals for the riding sessions (i.e., riding skills, behavioral changes, physical improvements, paying attention). Please be specific: _____

Any special considerations? (i.e., health, precautions, medications, etc.): _____

Describe any previous horseback riding experience: _____

Other areas of interest or hobbies: _____

Suggestions/Comments: _____

How did you hear about our program? _____