**Adaptive Horsemanship and/or Riding**

***Participant Intake Assessment***

|  |  |  |
| --- | --- | --- |
| **Name:** | **DOB:** | Intake Date: |

|  |  |
| --- | --- |
| **Ride Year:** |  |
| Class Time 1st Choice: | Class Time 2nd Choice: | Class Time 3rd Choice: |

|  |
| --- |
| Notes About Application Packet: |
| Application Reviewed by Assessor: Initials:\_\_\_\_\_ Date:\_\_\_\_\_\_ |
| Assessor Notes: |
| Precautions/Contraindications: |

|  |
| --- |
| Parent/Rider Long Term Goals (external to program) |
| Physical: |
| Cognitive: |
| Psycho/Social: |

|  |
| --- |
| Volunteer Assistance Recommended |
| **Walk:** | None |  | Spotter |  | Leader |  | 1 S-W |  | 2 S-W |  |
| **Trot/Walk Up:** | None |  | Spotter |  | Leader |  | 1 S-W |  | 2 S-W |  |
| Mount/Dismount Recommendation |
| **Mount** | Croup |  | Crest |  | Assistance Recommended: |
| **Dismount** | Croup |  | Crest |  | Assistance Recommended: |
| Horse Recommendation(s) |
|  |

**Adaptive Horsemanship and/or Riding**

***Participant Info Cover Sheet***

|  |  |  |
| --- | --- | --- |
| **Participant Name:** | **Contact Information:****Name:****Phone: Text OK?** Y N | Photo/Video Release:Yes No |
| **Seizures:** Yes No Controlled | Diagnosis: |
| Communication Method: Verbal Non-Verbal Limited Notes: |
| Stim Behavior or Sensory Integration Issues: |

|  |
| --- |
| **Horse/Tack/Equipment Pairing:** |
| **Horse: Date: Saddle type/number: Stirrups:** L: R: |
| **Horse: Date: Saddle type/number: Stirrups:** L: R: |
| **Horse: Date: Saddle type/number: Stirrups:** L: R: |
| **Rein Type:** Rainbow Canvas Tennis ball Cotton Rope Neck Rope Other: |
| **Special Equipment:** |
| **Headstall:** Halter w/ Neck Rope Halter w/ Reins Bitless Bridle Bridle |

|  |
| --- |
| **Volunteer Assistance Needs:** |
| **Type of Assistance** | **Date** | **Gaits** | **Date** | **Gaits** | **Date** | **Gaits** |
| HL & 2 SW |  |  |  |  |  |  |
| HL & 1 SW |  |  |  |  |  |  |
| HL- On Lead |  |  |  |  |  |  |
| HL- Off Lead |  |  |  |  |  |  |
| HL-Spotter/Independent |  |  |  |  |  |  |

|  |
| --- |
| Mount/Dismount Recommendation |
| **Mount** | Croup | Crest | Other: | Assistance/Instructions: |
| **Dismount** | Croup | Crest | Other: | Assistance/Instructions:  |
| Typical Riding Position (Describe): |
|  |

|  |
| --- |
| **Notes:** |
|  |

**Adaptive Horsemanship and/or Riding: *Participant Notes Sheet***

**Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Date: Instructor: Horse: Team:**  |
| **Lesson Objective:** |
| **Lesson Notes:****Instructor Initials\_\_** |
| **Date: Instructor: Horse: Team:**  |
| **Lesson Objective:** |
| **Lesson Notes:****Instructor Initials\_\_** |
| **Date: Instructor: Horse: Team:**  |
| **Lesson Objective:** |
| **Lesson Notes:****Instructor Initials\_\_** |
| **Date: Instructor: Horse: Team:**  |
| **Lesson Objective:** |
| **Lesson Notes:****Instructor Initials\_\_** |
| **Date: Instructor: Horse: Team:**  |
| **Lesson Objective:** |
| **Lesson Notes:****Instructor Initials\_\_** |