



**Innovative Therapeutic
Riding Program
Rider Questionnaire**

The following information will only be used by ITRP Instructors for lesson planning.

Rider Long Term Goals: _____

Rider Short Term Goals: _____

What is your learning style?

Visual/learns by seeing Auditory/learns by hearing Kinesthetic/learns by doing

Vision: _____

Hearing: _____

Cognition and Processing

No concerns

Educational	Social	Language
<input type="checkbox"/> Knowing Numbers 1-20 <input type="checkbox"/> Knowing Letters <input type="checkbox"/> Making Choices <input type="checkbox"/> Communicating Feelings	<input type="checkbox"/> Recognizing Their Name <input type="checkbox"/> Making eye contact <input type="checkbox"/> Waving or saying Hi/Bye <input type="checkbox"/> Sharing Toys/ Items <input type="checkbox"/> Understanding Personal Space <input type="checkbox"/> Interacting with peers <input type="checkbox"/> Taking Turns	<input type="checkbox"/> Making Sounds <input type="checkbox"/> Saying Words <input type="checkbox"/> Combining 2 or More Words <input type="checkbox"/> Speaking Complete Sentences <input type="checkbox"/> Understanding "NO" <input type="checkbox"/> Letter Sounds Identification <input type="checkbox"/> Signs or Uses Gestures <input type="checkbox"/> Signs or uses Gestures <input type="checkbox"/> Understanding Pictures

General Information:

What are your favorite activities, hobbies, toys, or topics? _____

Any fears or dislikes? _____

Family Do's and Don'ts? _____

Anything else we should know? _____

Behavioral: No concerns

Does the rider have any behavior issues? Yes No If yes, please explain:

Favorite Color: _____ **Favorite Treat:** _____ **Favorite Animal:** _____

