

Participant's Name _____

Age: _____ Date: _____

TEACHER ASSESSMENT

School: _____ Grade: _____

School Address: _____

Teacher's Name (*print*): _____ Teacher's Phone Number: _____

What goals would you suggest for this participant? (Typical rider goals involve physical, intellectual, social and emotional skills.) _____

Are there any behavioral challenges that might impact the participant's interaction with animals or other individuals?

☐ Yes

☐ No

If yes, please describe the behavior and the behavior plan for the classroom. _____

Are there any cognitive challenges that affect the participant's ability to stay on task?

☐ Yes

☐ No

If yes, please describe techniques that would be helpful _____

Is there additional information that you would like to share with us? _____

How does the participant communicate wants and need – vocal, sign, PECS, etc.? If vocal, is it one word, two words, phrases, etc.? _____

What are the child's favorite items or rewards in school? _____
