

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? _____
