Greystone Manor
Therapeutic Riding Center

Participant's Name _____

Age: _____ Date: _____

THERAPIST ASSESSMENT

Diagnosis: _____

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

School/Agency: _____

Address: _____

Would participant benefit most from individual or small group lesson format? ☐ Individual ☐ Small Group

Does the participant have difficulty with sensory processing? ☐ Yes ☐ No If yes, please describe. _____

Does the participant have deficits in cognition and/or communication? ☐ Yes ☐ No If yes, please describe and suggest adaptations we might use. _____

Physical Evaluation: Describe tone, head control, balance, transfer, and ambulatory status. _____

Suggested Goals: _____

Is there additional information that you would like to share with us? Might include precautions, restrictions, or behavior.

What are the participant's favorite items or rewards? _____