



PARTICIPANT GOALS/EXPECTATIONS

Participant Name: _____

Diagnosis: _____

of Years Riding/Involved in Program: _____

Age of Participant: _____

Parent's/Guardian Name: _____

Telephone Number: _____

Email: _____

To better serve you, we would like to have your input regarding the EQUI-KIDS' lesson program. Please take a few moments and let us know what you would like to see accomplished in the upcoming year; either for yourself or for your child.

1. What specific goals would you/your child like to obtain this year?

2. Do you/your child feel that he/she is riding/involved at the proper skills level? If not, what do you feel would be more appropriate and how can we develop this?

3. What changes, if any, in you/your child's medications could affect his/her abilities during their sessions? What behavior modifications are used with this participant? (time-outs/counting etc...)

Additional comments/concerns: