

HORSES & HORIZONS THERPEUTIC LEARNING CENTER, INC.

2024

**QUESTIONNAIRE FOR NEW RIDERS**

PLEASE ANSWER ALL QUESTIONS.

Rider's Name \_\_\_\_\_ Your Name \_\_\_\_\_ Phone No. \_\_\_\_\_

1. In which lesson session(s) would you/your rider like to participate?

\_\_\_ Session I (April 29<sup>th</sup> - June 26<sup>th</sup>) \_\_\_ Session II (July 8<sup>th</sup> - Aug. 28<sup>th</sup>) \_\_\_ Session III (Sept. 9<sup>th</sup> - Oct. 16<sup>th</sup>)

2. **Please NUMBER the lesson days and times from 1 to 6 in order of your preference.** We will do our best to accommodate you, but the number of volunteers and horses available at a given time, as well as grouping riders appropriately usually determines the best day and time for your rider.

Monday

\_\_\_ 5:00 p.m. - 6:00 p.m.

\_\_\_ 6:00 p.m. - 7:00 p.m.

\_\_\_ 7:00 p.m. - 8:00 p.m.

Wednesday

\_\_\_ 5:00 p.m. - 6:00 p.m.

\_\_\_ 6:00 p.m. - 7:00 p.m.

\_\_\_ 7:00 p.m. - 8:00 p.m.

3. In which of the following areas would you most like to see you/your rider improve?

**SOCIAL/COMMUNICATION AREA** **Choose no more than five objectives in this area.** (Make up your own if necessary.)

\_\_\_ increase attentions span    \_\_\_ listen to and follow directions    \_\_\_ stay on task    \_\_\_ respond to instructor's requests

\_\_\_ ask more questions    \_\_\_ ask fewer questions    \_\_\_ speak more clearly    \_\_\_ speak louder

\_\_\_ talk less, listen more    \_\_\_ participate during lesson    \_\_\_ interact with others    \_\_\_ relate to the horse

\_\_\_ give commands to the horse    \_\_\_ increase self-confidence    \_\_\_ increase independence

Other (Please explain.) \_\_\_\_\_

**PHYSICAL IMPROVEMENTS** **Choose no more than five objectives in this area.** (Make up your own if necessary.)

\_\_\_ improve head control    \_\_\_ improve trunk control    \_\_\_ improve balance    \_\_\_ improve strength

\_\_\_ reduce muscle spasticity    \_\_\_ adjust to different touch sensations (horse's hair, feel of saddle, etc.)

\_\_\_ adjust to being on top of the horse    \_\_\_ adjust to the horse's movement    \_\_\_ be able to ride with fewer helpers

4. If necessary, could you or a member of your family volunteer to help with lessons?

\_\_\_ Yes    \_\_\_ No

5. Please tell us how you found out about Horses & Horizons Therapeutic Learning Center.

\_\_\_ newspaper article    \_\_\_ flyer    \_\_\_ doctor or therapist's recommendation

\_\_\_ friend or family member    \_\_\_ website    \_\_\_ Facebook

Other (please explain) \_\_\_\_\_

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