



Rider Questionnaire

Name _____ DATE _____

Please check *all* times that the rider would be available to ride. Mark three preferred times with a 1, 2, or 3. The more options checked increases the likelihood of class placement.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00AM						
10:00 AM						
11:00AM						
12:00 PM						
1:00PM						
2:00 PM						
3:00 PM						
4:00 PM						
5:00PM						

PARTICIPANT PROFILE:

1. Have you/your child participated with Miracles in Motion before: Yes ___ No ___
If yes, When?
2. Have you/your child participated with another therapeutic riding program or have any other horseback riding experience: Yes ___ No ___
If yes, how long ___

Please describe your /child's/client's abilities/difficulties in the following areas, including assistance required or equipment needed:

Functional Mobility and Life Skills (Please describe you /child's/client's strengths and weaknesses in getting through the day)

Social (Strengths and weaknesses, work/school, leisure interest, relationships, family structure, support system, companion animals, fears etc.)

Goals (What would you like to accomplish?)

Anything else we should know?
