



The Equestrian Therapy Program Student Goal Checklist

Student Name: _____ Age: _____

Diagnosis: _____

To assist our instructor in formulating both mounted and classroom lesson plans, please mark each item below if it is an individual goal for this student. These skills can be directly applied to experiences at the Equestrian Therapy Program (i.e. feeding horses, working with others, games and activities, etc.).

For each category, **please prioritize these items**, with #1 being the most important area.

Priority	Education Goals	Priority	Physical Goals	Priority	Social/Recreational Goals
	Color Recognition		Balance		Attention Span (inc/decr)
	Math Skills: Numbers, +, -, x, fractions, etc.		Coordination		Communication Skills
	Reading Skills: Letters, words, Sentences		Eye/Hand Coordination		Confidence/Self-esteem
	Sequencing		Fine Motor Skills		Cooperation
	Shape Recognition		Gross Motor Skills		Enjoyment
	Spatial Awareness		Head Control		Increase Acceptance Social Behavior
	Verbalization		Increased R.O.M.		Responsibility
	Vocabulary Expansion		Muscle Strength		Self-sufficiency
			Muscle Tone		Socialization
	Other		Posture		Sportsmanship
			Tactile Defensiveness		
			Trunk Control		Other:
			Other:		

How would you (as student, parent, teacher, therapist, recreational advisor) like to be involved in the program?

If this client has any special issues (behavior, sensory, social, etc.), how do you prefer to handle typical situations? _____

Completed by: _____ Date: _____