

Rider Questionnaire

Name: _____ Date: _____

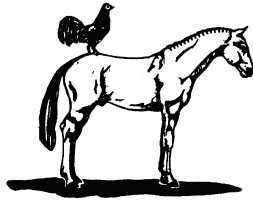
Why will therapeutic riding be a good activity for the rider? _____

Thorncroft is open Monday – Friday 9:00 am – 8:30 pm and Saturdays 9:00 am – 4:30 pm. What is the rider's availability for lessons? Please be specific. _____

Are there specific goals the rider would like to achieve through therapeutic horseback riding? _____

What other types of therapy does the rider currently receive? _____

Please share with us rider's learning style (strengths and weaknesses). _____



190 Line Road, Malvern, PA 19355 * 610-644-1963 * Fax 610-644-9342

Recommended Information

Name: _____ Date: _____

Thorncroft asks for the following information in order to successfully develop a Therapeutic Horseback Riding program for the above named rider. In addition, the following information is important in helping Thorncroft's riding instructors reach goals of both the rider and the rider's parents.

Rider Release Form

Medical History

Classroom Individual Education Plan (I.E.P.)

Physical Therapy Evaluation, Assessment, and Program Plan

Occupational Therapy Evaluation, Assessment, and Program Plan

Speech Therapy Evaluation, Assessment, and Program Plan

Mental Health Diagnosis and Treatment Plan

Psychosocial Evaluation, Assessment and Program Plan

Cognitive-Behavioral Management Plan

Other: _____