



Sande

SCHOOL OF HORSEMANSHIP

UTILIZING THE
POWER OF HORSES
TO CHANGE LIVES

WWW.SANDESCHOOLOFHORSEMANSHIP.ORG

Student Registration and Intake Data

Student Name: _____ Height: _____ Weight: _____ DOB: _____

Name of Parents/ Legal Guardian: _____

Address: _____

Email: _____ Preferred method of contact: _____

Phone (H): _____ (W): _____ (C): _____

Diagnosis (if applicable): _____ Date of Onset: _____

Referred By: _____

Past Riding Experience: _____

Program interest:

Therapeutic Riding Lessons Therapeutic Grooming Day Camps

Please describe you/your child's challenges:

What would you like us to help you/your child do?

What other therapy and/or special education programs have you/your child had or are still receiving?

Service	Provider	Service Frequency
<input type="checkbox"/> OT	_____	_____
<input type="checkbox"/> PT	_____	_____
<input type="checkbox"/> Speech	_____	_____
<input type="checkbox"/> DT	_____	_____
<input type="checkbox"/> Counseling	_____	_____
<input type="checkbox"/> Spec Ed.	_____	_____



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What are the current and primary goals involved with:

OT _____
PT _____
ST _____
DT/School _____
Home _____
Community Service Provider _____

Please tell us about you/your child's involvement in sports and activities other than horseback riding: _____

Please check off areas you feel need improvement:

Ability to manage physical/motor requirements of home/play/school/work activities

Ability to manage thinking requirements of home/play/school/work activities

Self-feeding Dressing Toileting Grooming Social Skills

General Activity Level Attention Span Motivation Response to Family

Response to Peers Time management/work organization

Do you/your child use glasses, hearing aid(s), braces, wheelchair, or other special equipment for daily activities or communication? Please describe this equipment:

Are there any allergies, seizures, or other medical problems we should know about? What medications do you/ your child takes? _____

Has the rider ever been convicted of a crime? Yes No

If yes, please explain: _____

Is there anything else you would like us to know at this time that you feel would help us to provide better services? _____

Thank you for completing this form!

Signature: _____ **Date:** _____