



Front Range Exceptional Equestrians

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Phone (970)221-0646

www.RideWithFREE.org

Rider's Areas of Learning Form

Date _____ RIDER'S NAME: _____ Age: _____

Rider, Parent, Guardian:

Therapeutic riding provides participants an opportunity to enhance their well being in many ways. Several areas are listed below which indicate the potential benefits. Please indicate and describe the specific areas of learning you or your child are interested in working on during this riding session. A member of our staff will discuss these with you.

Previous or current speech, occupational, and physical therapy _____

Names of therapists _____

COGNITION/PERCEPTION (-attention, following directions, memory, processing sensations such as vision, touch, hearing, movement)

PHYSICAL (posture, balance, strength, coordination, muscle tone)

EDUCATIONAL (learning riding skills, and about horses; grooming, tack)

RECREATIONAL (fun, socialization, self esteem)

COMMUNICATION (skills such as understanding others and expressing oneself)

