Greystone Manor
Therapeutic Riding Center

Client's Name_____

Date_____

TEACHER ASSESSMENT

Date: _____

Client's Name: _____ Age: _____

School: _____

Print Teacher's Name: _____

Teacher's Phone Number: _____

Are there any behavioral problems or attitude difficulties? (*Circle one*) Yes No

If Yes, please describe and suggest how to handle them: _____

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What goals related to attention span could be worked on through Therapeutic Riding? _____

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Describe in the space below any additional information that might help us to work with this client.
Thank you for your time!

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