



## Reining Hope Adaptive Equine Assisted Activities & Therapies LLC

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***"Wish It, Dream It, Do It!"***

### PARTICIPANT QUESTIONNAIRE

It is helpful for the staff at Reining Hope to know your participation goals, interests and understand your current status prior to developing a program for you. We are also continuously looking to enhance the program with additional activities that may be opportunities offered in the future should sufficient interest arise from current and prospective participants. Please take a moment and answer the following questions so we can better serve you:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please indicate the program(s) you may be interested in:

Unmounted Equine Assisted Activities \_\_\_\_\_ Riding \_\_\_\_\_ Equine Assisted Learning \_\_\_\_\_  
Equine Assisted Therapy \_\_\_\_\_ Carriage Driving \_\_\_\_\_ Vocational \_\_\_\_\_ Integrated Summer Youth Horsemanship \_\_\_\_\_  
Integrated Adult Summer Horsemanship \_\_\_\_\_ Drill Team Unmounted \_\_\_\_\_ Drill Team Mounted \_\_\_\_\_

Disability: \_\_\_\_\_

Posture: \_\_\_\_\_

Balance: \_\_\_\_\_

Movement/Coordination: \_\_\_\_\_

General Attitude/Behavior: \_\_\_\_\_

Perceptual/Balance Issues: \_\_\_\_\_

Communication Challenges & Methods (Verbal, Sign, PEC, etc): \_\_\_\_\_

Cognitive Abilities (Age level, single/multi-step directions, etc): \_\_\_\_\_

What are your goals for the riding/unmounted sessions (i.e. riding skills, behavioral changes, physical improvements, focus/attention, etc)? Please be specific:

Any special considerations (i.e. health, precautions, medications, etc)? \_\_\_\_\_

Describe any previous horse experience – both mounted & unmounted: \_\_\_\_\_

Other areas of interest/hobbies: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_