

APPENDIX 4G-RR6

***Michigan 4-H Proud Equestrians Program
Physical or Occupational Therapist and/or Teacher Assessment***

This form is valid for a period of one year from the date signed.

Rider's Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Age: _____ School or Group Affiliation: _____
Diagnosis: _____

The Michigan 4-H Proud Equestrians Program is a therapeutic horseback riding program designed to benefit the riders physically, socially, and emotionally. Only certified therapeutic riding instructors who meet the requirements for approval by Michigan 4-H Youth Development are qualified to teach in the program. Appropriate safety equipment is used at all times. Volunteers and horses are trained to meet the needs of the riders.

In order to ensure the fullest possible protection and greatest personal benefit for each rider, you are asked to furnish the following information, to be used in conjunction with the rider's Physician's Referral, in developing his/her individualized program. All information is maintained in confidentiality as prescribed by Public Laws 94-142.

Rider not currently working with therapist or teacher (Parent/Guardian or Adult Rider please sign below)

Physical Limitations: _____

Precautions to be observed:

1. Mounting: _____
2. Riding: _____
3. Dismounting: _____

NOTE: Mounting blocks and ramps are available for use as needed.

Suggested Exercises:

1. Pre-ride: _____
2. Mounted: _____
3. Post-ride: _____

Social/Emotional Responses:

1. Attitude: _____
2. Communication: _____
3. Behavior: _____

Suggested areas to be improved through participation in the Michigan 4-H Proud Equestrians Program:

COMMENTS: _____

Signature: _____ or Signature: _____
Physical/Occupational Therapist/Teacher Parent/Guardian/Adult Rider

Address: _____
City: _____ State: _____ Zip Code: _____