



## Parent/Guardian Survey

Rider's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Series: Winter, Spring, Summer, Fall (Please circle) 2019.

Initial screening or Re-evaluation (Please circle)

In order to help us gauge your child's progress and improve performance standards for our program at RideAbility, please mark the most appropriate response regarding your child's current abilities and skills.

1. Rider demonstrates balance and strength.

Strongly  
Disagree

Disagree

Neutral

Agree

Strongly  
Agree

2. Rider demonstrates focus and attention.

Strongly  
Disagree

Disagree

Neutral

Agree

Strongly  
Agree

3. Rider demonstrates willingness to listen and follow directions.

Strongly  
Disagree

Disagree

Neutral

Agree

Strongly  
Agree

4. Rider has positive interactions with parents, guardians, and/or caregivers.

Strongly  
Disagree

Disagree

Neutral

Agree

Strongly  
Agree

5. Rider has positive interactions with peers.

Strongly  
Disagree

Disagree

Neutral

Agree

Strongly  
Agree

6. Rider demonstrates confidence and self-esteem.

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

7. Rider demonstrates willingness to work with others.

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

8. Rider demonstrates problem-solving skills.

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

9. Rider demonstrates enthusiasm about their lesson and engaging with the horse, instructor, volunteers, and other riders.

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

10. Rider demonstrates horsemanship skills.

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

Additional Comments: Please add any comments that can be useful to serving our rider.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date