

**C.H.U.M. Therapeutic Riding Inc. - Children and Horses United in Movement
Physical-Occupational-Speech Therapist and/or Teacher Assessment**

Rider's name _____ Age _____

Date _____ Address _____

School or group affiliation _____

Diagnosis _____

The C.H.U.M. Therapeutic Riding Inc. program is designed to benefit the riders physically, socially, and emotionally. The instructor has been certified at Cheff Center for the Handicapped in Augusta, MI and through the North American Riding for the Handicapped Association. Safety helmets, equipment, and specially trained horses and volunteers are used in each program.

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.

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 C.H.U.M. Therapeutic Riding Inc.

Comments:

Signature _____ **Therapist and/or Teacher**

Address _____