

HORSES *for* HOPE TRC, Inc.

Student Goal Checklist

(To be completed by student, parent, guardian, teacher or therapist)

Student Name: _____ Age: _____

Diagnosis: _____

Our instructors would like to know the important life goals that you or your student are working toward. They use this information to structure their lesson plans and activities.

Please select up to 5 major goals that are important to you and/or your student from any of the three categories. Please prioritize items with #1 being the most important goal and #5 being the least important goal. Please refer to the "TR Definitions and Goals" document prior to choosing the 5 major goals.

Physical Goals

Social & Recreational Goals

Cognitive/Educational Goals

_____ Improved Balance

_____ Cooperation

_____ Color Identification

_____ Improved Posture

_____ Participation

_____ Shape Recognition

_____ General Coordination

_____ Sportsmanship

_____ Touch Recognition

_____ Head Control

_____ Enjoyment

_____ Letter Recognition

_____ Trunk Control

_____ Confidence/Self-esteem

_____ Word Recognition

_____ Strength

_____ Communication Skills

_____ Verbalization

_____ Gross Motor Skills

_____ Attention (increase/decrease)

_____ Vocabulary Expansion

_____ Fine Motor Skills

_____ Responsibility

_____ Sequencing

_____ Decreased Tactile Defensiveness

_____ Social Skills

_____ Spatial Awareness

_____ Improved Muscle Tone

_____ Independence

_____ Reading Skills

_____ Increased Range of Motion

_____ Other: _____

_____ Math Skills

_____ Other: _____

_____ Other: _____

What major life goal is the client working toward? _____

If necessary, what methods of behavior modification, communication, etc. would you prefer the instructor use when working with this client? Please describe: _____

Completed by: _____

Date: _____