



EQUICENTER
WILLIAM & MILDRED LEVINE RANCH

Dear Teacher:

One of your students is interested in adaptive horseback riding lessons here at the EquiCenter. Enclosed you will find an assessment form which will help our PATH certified instructors develop a safe and effective riding program for him/her. Please fill out the areas that pertain to your expertise and attach any existing assessments or reports that you feel will be helpful to our staff.

Please make special note of any precautions or contraindications to therapeutic equestrian activities.

Adaptive riding is a unique and productive way to improve the quality of life for many children and adults with physical, cognitive or psychological challenges. Your participation in the EquiCenter's programming is welcomed and encouraged. Please feel free to contact us if you would like more information. Thank you in advance for your assistance.

Sincerely,

Lindsay Alberts

Director of Equine Operations
EquiCenter, Inc

Teacher's Form 1 of 2



EQUICENTER
WILLIAM & MILDRED LEVINE RANCH

TEACHER ASSESSMENT

Name of Teacher/Advisor: _____ Date: _____

Name of Student: _____ DOB: _____

Diagnosis: _____

Academic Level: _____

Cognitive Abilities: _____

Communication Ability: _____

Psychological/Emotional Level (Behavior Concerns): _____

Strengths/Weaknesses: _____

Current Curriculum at School: _____

Additional Comments: _____

Signature & Title: _____

Date: _____

Educator's name (print): _____

Phone: _____

School, Organization: _____

Phone: _____

Teacher's Form 2 of 2