



FIELDSTONE FARM

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STUDENT GOAL CHECKLIST

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

Student Name: _____ Age: _____

Diagnosis: _____

To assist our instructors in formulating both their mounted and classroom lesson plans, please mark each item below that is an individual goal for this student. These skills can be directly applied to experiences at Fieldstone Farm Therapeutic Riding Center (i.e. feeding horses, working with others, games and activities, etc.). Within each category, PLEASE prioritize the item with #1 being the most important goal.

Physical Goals

Social & Recreational Goals

Cognitive/Educational Goals

- ___ Improved balance
- ___ Improved posture
- ___ General coordination
- ___ Eye/hand coordination
- ___ Head control
- ___ Trunk control
- ___ Muscular Strength
- ___ Gross Motor Skills
- ___ Fine Motor Skills
- ___ Decrease tactile defensiveness
- ___ Muscle tone
- ___ Increased R.O.M
- ___ Sensory Integration
- ___ Endurance
- ___ Visual/spatial orientation

- ___ Socialization
- ___ Cooperation
- ___ Sportsmanship
- ___ Enjoyment
- ___ Confidence/self-esteem
- ___ Communication skills
- ___ Attention (increase/decrease)
- ___ Responsibility
- ___ Self-sufficiency
- ___ Social skill development
- ___ Teamwork
- ___ Respect
- ___ Independence
- ___ Trust
- ___ Interpersonal relationships

- ___ Color recognition
- ___ Shape recognition
- ___ Verbalization
- ___ Vocab. Expansion
- ___ Sequencing
- ___ Spatial Awareness
- ___ Reading Skills:
 - a. Letter recognition
 - b. Word recognition
 - c. Basic Sentences
 - d. other
- ___ Math Skills:
 - a. Number Recognition
 - b. Add/Subtract
 - c. Multiplication
 - d. Fractions
 - e. Measurements

How would you (as parent, teacher, therapist, recreational advisor) like to be involved in the program experience, if at all?

If this client has any special issues (behavioral, sensory, social, etc.), how do you prefer to handle typical situations? (Please include methods of behavior modification, communication and anything else that may be pertinent to the instructor working with this client.)

Completed by: _____

Date: _____