

# Aeroflex Equine Therapy

## Student Goal Checklist

<b>NAME:</b>	
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Please share important life goals. We will use this information to structure lesson plans and activities. Please select up to **FIVE** major goals that are important to you and/or your child across these categories. Please priorities items with #1 being the most important goal.

<b>(Rank 1-5) Social &amp; Recreational Goals</b>	<b>(Rank 1-5) Cognitive/Educational Goals</b>
	Color identifications
Cooperation	Shape recognition
Participation	Letter recognition
Sportsmanship	Word recognition
Enjoyment	Verbalization
Confidence	Vocabulary expansion
Self Esteem	Sequencing
Communication	Spatial awareness
Attention	Reading skills
Responsibility	Math skills
Independence	

**GOALS:**

1.
2.
3.
4.
5.
<b>Please share any additional goals or concerns:</b>

If necessary, what methods of behavior modification, communication, etc. would you prefer the instructor use when with the participant?


<b>COMPLETED BY:</b>	<b>DATE:</b>
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