



# Reins of Life, Inc.

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## Rider Profile

To be filled out by Therapist or Teacher  
(or by parent if rider is not in school or other therapies)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Disability: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Communication/Social Skills:

Verbal: \_\_\_\_\_ Sign Language: \_\_\_\_\_ Eye Gaze: \_\_\_\_\_

Communication board: \_\_\_\_\_ Hearing Aid: \_\_\_\_\_

Other: \_\_\_\_\_

Behavior/Attitude Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavior Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Ambulatory:

Independent: \_\_\_\_\_ Braces: \_\_\_\_\_ Crutches: \_\_\_\_\_

Walker: \_\_\_\_\_ Wheelchair: \_\_\_\_\_

### Physical Evaluation:

Tone: \_\_\_\_\_ Strength: \_\_\_\_\_

Posture: \_\_\_\_\_ Motor Skills: \_\_\_\_\_

Coordination: \_\_\_\_\_ Balance: \_\_\_\_\_

Spatial Awareness: \_\_\_\_\_ Symmetry: \_\_\_\_\_

### Suggested Activities:

Exercises to reinforce present therapy or achieve I.E.P goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Future Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_