



Freedom Reins Therapeutic Riding Center, Inc.
Parent/Guardian Questionnaire 2017

Rider's Name: (Optional) _____ Date: _____

For the following questions, please check any that apply. We appreciate your feedback!

Rider's improvement was seen:

___ As early as during the first few sessions ___ During the middle of the quarter
 ___ By the end of the quarter ___ No improvement was seen

Speech change: **Good** _____ **Bad** _____ **None** _____
 ___ Response to speech ___ Initiation of speech ___ Clarity of speech

Details: _____

Daily activity change: **Good** _____ **Bad** _____ **None** _____
 ___ Confidence ___ Self-motivation ___ Concentration ___ Response to instruction ___ Self-esteem
 ___ Awareness of surroundings and/or others ___ Willingness to attempt new tasks

Details: _____

Physical change: **Good** _____ **Bad** _____ **None** _____
 ___ Movement ___ Balance ___ Muscle relaxation ___ Coordination ___ Walking ___ Use of limb(s)
 ___ Muscle strength ___ Mobility
 ___ Other (specify) _____

Details: _____

Behavior change: **Good** _____ **Bad** _____ **None** _____
 ___ Cooperation ___ Reduction of self-stimulation ___ Reduction in tantrums ___ Improved response to new situations
 ___ Other (specify) _____

Details: _____

Do you feel that Freedom Reins provides a safe environment for therapeutic riding?

Always Sometimes Occasionally Never

Details: _____

Is the staff professional and courteous?

Always Sometimes Occasionally Never

Details: _____

Do you feel that the quality of instruction and effectiveness of the lessons are appropriate?

Always Sometimes Occasionally Never

Details: _____

Are the lessons a positive experience for you (the rider)?

Always Sometimes Occasionally Never

Details: _____

Are the volunteers understanding of your (the riders') needs?

Always Sometimes Occasionally Never

Details: _____

Is the staff approachable?

Always Sometimes Occasionally Never

Details: _____

Do you feel that Freedom Reins offers a quality program?

Always Sometimes Occasionally Never

Details: _____

Is the level of instruction appropriately challenging for your (the rider's) ability?

Always Sometimes Occasionally Never

Details: _____

What do you appreciate most about this program?

What would you like to see changed or improved in the program?

If you were in the program last year, what did you think about the Fun Day activities?

If you were in the program last year, did you and/or your student like watching the performance, and would you like to see additional performers?

Do you wish to be contacted privately about any concerns you may have? ___yes ___no

If yes:

Contact name: _____

Phone number: _____

Best time to be reached: _____

Thank you for taking the time to fill out this form. Your feedback is important to us, and we will make changes based on your responses. Please place the completed form in the plastic tub on the table of the waiting room or hand it to your instructor.