



WISH UPON A HORSE

THERAPEUTIC RIDING CENTER

Rider Goals

Please assist us in helping you get the most out of your classes at Wish Upon a Horse Therapeutic Riding Center by filling out the following goal setting sheet together with your PATH instructor from Wish Upon a Horse.

Thank you.

Rider name: _____

Parent/Primary caregiver name: _____

Email address: _____

Class day/time: _____

All goals are reflective of the current session. The categories are meant as a guideline and may not apply to all students.

Personal riding goals: _____

Physical goals: _____

Cognitive goals: _____

Social goals: _____

Long-term goal over the next year: _____

Signature of Rider/Parent or Guardian

Date: _____

Signature of PATH Instructor

Date: _____