

**PARENT OR TEACHER ASSESSMENT**  
**EQUUS THERAPEUTIC, INC.**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_

School \_\_\_\_\_

Does the student have behavior problems? Yes ( ) No ( ) Explain

What situations activate the problem? \_\_\_\_\_

Suggestions on how the behavior is best dealt with by the instructor

What type of attitude does the student have towards himself and others?

Does the student exhibit any physical weakness? \_\_\_\_\_

Explain \_\_\_\_\_

Can you suggest exercises that might help the student?

Are there any precautions or restrictions the instructor should know about \_\_\_\_\_

Parent or teacher \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_