



STUDENT PROFILE

Client Name:		Weight:		Age:	
General Disability:		Mental Age:			

(i.e., cerebral palsy, spina bifida, downs syndrome, etc.)

CHECK WHERE APPROPRIATE:

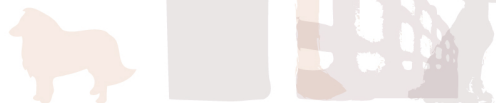
Ambulatory	No	Yes		
Wheelchair	No	Yes	Power or Manual?	
Able to walk without assistance	No	Yes	If no, please explain:	
Able to bear weight without assistance	No	Yes	If no, please explain:	
Able to maintain sitting position without assistance	No	Yes	If no, please explain:	
Tactile defensive	No	Yes	If yes, please explain:	
Tight adductors (interior thigh muscles)	No	Yes		
Seizures	No	Yes	Managed by medication?	
	Frequency:		Typical duration:	
	Type of seizure:		Post seizure activity:	

Page 1 of 2

By Brenda Malcolm Stoffel

PATH Certified Instructor

4982 E. Station Rd.
Roanoke, IN 46783
(260) 672-8199



oakfarm49@yahoo.com

www.oakhillfarm.org

/oakhillfarm

Visually impaired	No		Yes		Partial or total?	
Hearing impaired	No		Yes		Partial or total?	
Hearing aids?	No		Yes			
Verbal	No		Yes			
Sign language?	No		Yes			
Communication board?	No		Yes			
Behavior problems	No		Yes		If yes, please explain:	
Shunt	No		Yes		If yes, location?	
Braces	No		Yes		If yes, please explain:	

NOTE: Any participant with a lack of sensitivity in the lower extremities needs to watch for possible pressure sores. Sitting on a horse is a different position than sitting in a chair.

To be filed annually.

