**Questionnaire for Parents**
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.Son/daughter’s diagnosis (if any): Son/Daughter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: Click or tap to enter a date.

1. These are some things I like about my son/daughter.

Click or tap here to enter text.

2. These are some things my son/daughter does well.

Click or tap here to enter text.

3. These are some things my son/daughter enjoys.

Click or tap here to enter text.

4. These are some things my son/daughter does not like.

Click or tap here to enter text.

5. These are some things I’d like my son/daughter to learn.
Click or tap here to enter text.

6. My son/daughter HAS/ HAS NOT had any horse experiences. (Circle one) If your son/daughter HAS had experiences with horses, please describe.

Click or tap here to enter text.

7. The reason we came to CLTFEHC to be involved with horses is:
Click or tap here to enter text.

**Questionnaire for Participants**

 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: Click or tap to enter a date.

1. These are some things I like about myself.

Click or tap here to enter text.

2. These are some things I do well.

Click or tap here to enter text.

3. These are some things I enjoy.

Click or tap here to enter text.

4. These are some things I do not like.

Click or tap here to enter text.

 5. These are some things I’d like to learn.

Click or tap here to enter text.

6. I HAVE/ HAVE NOT had any horse experiences. (Circle one) If you HAVE had experiences with horses, please describe.

Click or tap here to enter text.

7. The reason I came to CLTFEHC is:

Click or tap here to enter text.