

EDUCATION EVALUATION
(2 pages)

MIRACLES IN MOTION
P.O. Box 14
Cedar Rapids, IA 52406
857-4141
miracles@netins.net

The parents of _____ have enrolled him/her in the Miracles in Motion therapeutic horseback riding program. Miracles in Motion strives to extend the social, emotional and educational development goals identified by parents and educators into the horsemanship experience.

Your cooperation is essential to the achievements of this rider. Please complete the requested information.

Parent/guardian authorization to release information:

Signature _____



| Task | Goal/plan |
|---------------------------|------------------|
| Social interaction skills | |
| Self-concept/self-esteem | |
| Decision-making skills | |

**** More on page 2****

Task

Goal/plan

Understanding consequences of personal actions

Ability to follow directions

Listening skills

Verbalization skills

Attention span

Other comments:



Signature of educator _____ Date _____

Print name _____

School _____ Daytime phone _____

Please return to Miracles in Motion, PO Box 14, Cedar Rapids, IA 52406.

MIM-01/08