

Miracles in Motion Parent Survey

Student Name: _____ Date: _____

Dear Miracles in Motion Parents: Please fill out the following questionnaire to help us better serve your child.

1. What specific skills would you like to see addressed during this session? (i.e.: balance, communication, etc.)

2. What specific behaviors of your child would you like to see encouraged? Discouraged? _____

3. What are important interests/activities for your child at home and at school? _____

4. Does your child have specific fears and/or problems of which our volunteers should be aware? _____

5. As riding independence is encouraged, some risks are inevitable. How do you feel about this? _____

6. Please share any other information you feel would help us better serve your child. _____
