

RIDE WITH PRIDE'S
STUDENT'S GOAL/S FORM

DATE: _____

NAME OF STUDENT: _____ AGE: _____

NAME OF PERSON FILLING OUT FORM: _____

RELATION TO STUDENT: _____

Please check Goals that you would like to see the student work on at Ride With Pride and add a brief explanation as to why:

_____ Balance

_____ Coordination

_____ Fine Motor Skills

_____ Improved Muscle Tone

_____ Attention

_____ Cognitive Skills

_____ Social Skills

_____ Speech

_____ Communication

_____ Behavioral: Please explain-

_____ Self Esteem and Self Confidence

_____ Relaxation

_____ Please list any other Goals you would like to work on: