

PARENTS: Take this form to your child's teacher

REV. 2014

FREDERICK THERAPEUTIC RIDING PROGRAM

Teacher Evaluation

I give _____, the teacher of my son/daughter/ward permission to release school information concerning him/her, _____ to the Frederick County 4-H Therapeutic Riding Program and I give the Frederick County 4-H Therapeutic Riding Program permission to release progress information back to the teacher. I understand that a copy of any progress reports from the riding program will also be sent to the parents/guardians.

DATE

SIGNATURE OF PARENT/GUARDIAN

NAME OF TEACHER

SCHOOL PHONE NUMBER

NAME AND ADDRESS OF SCHOOL

Student is working at _____ grade level; at _____ age level.

Does the student have behavior problems? **Yes** () **No** () Please explain:

What situations activate the problem?

What methods have you found particularly effective in dealing with this student?

PLEASE COMPLETE BACK OF PAGE

If the student is currently on a behavior modification program, please explain it.

What attitude does the student have towards himself/herself and towards others?

What special skills or concepts would you like emphasized in the riding program, i.e. letter recognition, number recognition direction?

What are your goals for this student?

Would you want some feedback from our program concerning this student?

Comments on student, our program or your work with the student that you might want to make will be helpful and appreciated.

SIGNATURE OF TEACHER

DATE