



Phone: 574-825-5666
Fax: 574-825-8117
Email: programs@lovewayinc.org

Teacher Assessment

Advanced Horsemanship

Updated 4/11/2025

Participant Info

Participant Name: _____ Grade: _____

School: _____ Teacher: _____

Diagnosis/Disability: _____ Graduation Year: _____

Currently enrolled in: ☐ Occupational Therapy ☐ Physical Therapy ☐ Other: _____

Do they plan to enroll in any Vocational Rehab or other employment service agencies? ☐ Yes ☐ No

If yes, please list the services and/or agencies: _____

Participant Limitations

Speech/Hearing: _____

Vision: _____

Mobility: _____

Adaptive/Medical Equipment: _____

Other (Please Describe): _____

Participant Goals

Current Employment Goals: _____

Post Graduation Goals: _____

Participant Behaviors

Do they currently have a behavior plan? ☐ Yes (please attach) ☐ No

Behaviors: _____

Triggers: _____

Coping strategies or ways to redirect: _____

Signature: _____ Date: _____

Printed Name: _____