



January 3, 2012

Dear Parent:

Thank you for your interest in the ASPIRE Therapeutic Riding program. Enclosed you will find application forms for you to fill out for classes at ASPIRE.

The forms to be completed by the parent or guardian are as follows:

- 1) Participant's Application form
- 2) Participant's Health History form (2 pages)
- 3) Seizure form
- 4) Participant's Consent for Release of Information form
- 5) Authorization for Emergency Medical Treatment form
- 6) Agreement and Liability Release form (2 pages)
- 7) Rules and Policies

The forms to be completed by the participant's physician are as follows:

- 1) Dear Health Care Provider letter
- 2) Participant's Medical History & Physician Statement

The form to be filled out by the participant's psychiatrist or counselor, if currently applicable, is as follows:

- 1) Mental Health Data form (2 pages)

The form to be filled out by the occupational/physical therapist, if currently applicable, is as follows:

- 1) ASPIRE THERAPEUTIC RIDING PROGRAM – New Rider Evaluation (2 pages)

Scholarship application forms are also included (3 pages) for you to complete, if required, prior to your parent meeting. The cost of each term is \$210.00. A deposit of \$25 is required before the first class in each session. The balance of the tuition or scholarship approval is due no later than the first class.

**Parent meetings begin the first week of March. Meetings typically last anywhere from 30 minutes to 1 hour and are mandatory in order to assure a placement in the class. All paperwork must be filled out prior to the scheduled meeting. Please call the office to set up an appointment if you do not already have one made. Class openings will be offered on a first come, first serve basis.**

A 180lb weight limit has been set in place for riders, because of horse, staff, and volunteer restrictions. If the rider is over the 180lb weight limit they will not be allowed to ride, however we do have other options available for those who cannot ride.

If you have any questions or comments concerning the preceding or enclosed, please feel free to contact us.

Sincerely,

Jen Cheville  
ASPIRE Therapeutic Riding Program  
enclosures



## CLASSES

**Classes are held Monday, Wednesday and Thursday from 5:00p.m. – 7:00 p.m.**

Spring Session: April 2 – May 21

Summer Session: June 4 – July 23

Fall Session: September 4 – October 29

Please note that Camp Hope is August 6 – 10

Class times are scheduled with the anticipation that your rider will be able to attend all scheduled classes. ASPIRE's policy for unexcused absences is as follows:

1. To avoid unexcused absences it is mandatory that ASPIRE be notified a minimum of 24 hours prior to your class time – excepting illness – if you are unable to attend class.
2. Three or more unexcused absences will result in the removal of the rider from class and will not be able to return until the following year.

## SCHOLARSHIP APPLICATION DEADLINES

Spring Session – March 7<sup>th</sup>

Summer Session – May 9<sup>th</sup>

Fall Session – July 11<sup>th</sup>

## CANCELLATIONS

Someone from ASPIRE will call a few hours before class if we are cancelling classes.

ASPIRE's policy for canceled classes will be as follows:

1. Heat index of 90 degrees or above
2. Thunderstorm with lightening
3. Tornado watch in Black Hawk County
4. Wind chill is 40 degrees or below
5. Winds of 40 mph or more

**If you are unsure, contact the office.**

**THESE ARE THE FORMS THAT YOU WILL HAVE  
TO FILL OUT. IF YOU ARE HAVING PROBLEMS  
FILLING THEM OUT, PLEASE BRING THEM TO  
YOUR PARENT MEETING AND WE WILL BE  
GLAD TO HELP YOU.**



## Participant's Application

### GENERAL INFORMATION

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Caregivers: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

**GOALS:** (i.e., why are you applying for participation? What would you like to accomplish?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTO RELEASE:

- I DO
- I DO NOT

consent to and authorize the use and reproduction by ASPIRE of any and all photographs and any other audio/visual materials taken of me for promotional material, education activities, exhibitions or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client, Parent or Legal Guardian (*signed in presence of center staff*)

## Participant's Health History (page 1 of 2)

Participant Name: \_\_\_\_\_

### HEALTH HISTORY

Diagnosis: \_\_\_\_\_ Date of Onset \_\_\_\_\_

*Please indicate current or past special needs in the following areas:*

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

### MEDICATIONS *(include prescriptions, over-the-counter: name, date, and frequency)*

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### ALLERGIES

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*Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):*

### PHYSICAL FUNCTION (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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## Participant's Health History (page 2 of 2)

**PSYCHO/SOCIAL FUNCTION** (i.e. work/school including grade completed, leisure interest, relationships – family structure, support systems, companion animals, fears/concerns, etc.)

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I understand that the information provided above is accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant, Parent, or Legal Guardian  
*Signed in the presence of center staff*

## Authorization for Emergency Medical Treatment Form

Participant

Staff

Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency,

I authorize ASPIRE TRP, Inc to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Participant, staff, volunteer. Parent/Legal Guardian  
*Signed in presence of center staff*

### Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of ASPIRE TRP.

- Parent or legal guardian will remain on site at all times during equine assisted activities.
- In the event of emergency treatment/aid is required, I wish the following procedures to take place:

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Participant, staff, volunteer, Parent/Legal Guardian  
*Signed in presence of center staff*

## Participant's Consent for Release of Information

I hereby authorize \_\_\_\_\_  
(person or facility)

to release the information from the records of \_\_\_\_\_ DOB: \_\_\_\_\_  
(participant's name)

The information is to be released to ASPIRE TRP for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

- Medical history
- Physical therapy evaluation, assessment, and program plan
- Occupational therapy evaluation, assessment, and program plan
- Speech therapy evaluation, assessment, and program plan
- Mental health diagnosis and treatment plan
- Classroom Individual Education Plan (I.E.P.)
- Psychosocial evaluation, assessment and program plan
- Cognitive-behavioral management plan
- Other: \_\_\_\_\_

This release is valid for one year and can be revoked, in writing, at my request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Please send material to: ASPIRE TRP  
8100 Kimball Avenue  
Waterloo, Iowa 50701



## ASPIRE Therapeutic Riding Program, Inc. **CONFIDENTIALITY POLICY**

### **This form MUST be signed and strictly adhered to due to HIPPA regulations!**

It is the policy of ASPIRE TRP, Inc. to preserve the right of confidentiality for all individuals in the program. This policy applies to all staff, independent contractors, volunteers, participants, board members and anyone who might obtain confidential or sensitive information.

The staff, volunteers, participants, independent contractors and board members shall keep confidential all medical, social, referrals, personal and financial information regarding a person and his/her family.

Informed consent for disclosure may be given only by competent adults, parent(s), legal representatives and others defined by the State statute.

Access to student forms on file is restricted to instructors, therapists, and the program director. Pertinent information on a need to know basis will be given to other volunteers by the instructors, program director or therapist without reference to diagnosis. Student evaluations, medical information, financial information, and other sensitive information as well as individual goals and progress are confidential.

ASPIRE TRP, Inc. may disclose medical and/or sensitive information to agents and outside health care providers involved in therapy only with the specific written consent from the rider.

In case of an emergency, student forms will be made available as needed to appropriate personnel.

Personal and professional penalties that can result from breaking confidentiality may be much more severe than reprimand or termination from this organization.

### **I understand and will observe the confidentiality policy of ASPIRE TRP, Inc.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



## **AGREEMENT AND LIABILITY RELEASE (page 1 of 2)** ***PLEASE READ CAREFULLY BEFORE SIGNING***

I agree to the following with ASPIRE Therapeutic Riding Program as a condition for it; allowing me, and the person identified below, to be near horses, receive riding instruction, work near horses, and/or ride horses on or near the property where ASPIRE holds classes/activities.

NAME OF CONTRACTING PARTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

I also make this agreement on behalf of the following, who are my children or legal wards:

1. \_\_\_\_\_ Age \_\_\_\_\_ 2. \_\_\_\_\_ Age \_\_\_\_\_

All parts of this agreement shall apply to me, and the children/legal wards listed above. (We will collectively call ourselves “I”, “me”, or “my” throughout this Agreement). This agreement is binding when the Program permits me to enter the property where ASPIRE holds classes/activities for any purpose, be near horses on the premises, receive riding instruction at any location, and/or ride horses on or off property where ASPIRE holds classes/activities.

### **IT IS HEREBY AGREED AS FOLLOWS:**

1. I have requested to be on property where ASPIRE holds classes/activities, be near horses, work near horses, receive riding instruction, and/or ride on property where ASPIRE holds classes/activities.
2. I understand that anyone riding or being near a horse can suffer bodily and other injuries. A number of inherent risks are associated with a domesticated animal activity. A domesticated animal may behave in a manner that results in damages to property or an injury or death to a person. Risks associated with the activity may include injuries caused by bucking, biting, stumbling, rearing, trampling, scratching, pecking, falling, or butting. The domesticated animal may react unpredictably to conditions, including, but not limited to, a sudden movement, loud noise, an unfamiliar environment, or the introduction of unfamiliar persons, animals or objects. The domesticated animal may also react in a dangerous manner when condition or treatment is considered hazardous to the welfare of the animal; or a participant fails to exercise reasonable care, take adequate precautions, or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the animal or failing to act in a manner consistent with the person’s abilities. I understand there are other risks and dangers inherent to equine activities and I expressly agree to assume them.
3. **LIABILITY RELEASE:** I assume full responsibility for any and all bodily injuries or damages which I may sustain when on the property where ASPIRE holds classes/activities as well as when riding horses on, near, or off property where ASPIRE holds classes/activities. By the term “damages”, I mean, for example, medical expenses, expenses incurred because of bodily injury or property damages, and/or personal property damages. I, for my heirs, administrators, personal representatives or assigns, release and discharge ASPIRE Therapeutic Riding program and its employees, agents, managers, trainers, instructors, volunteers, insurers, representatives, and others acting on their behalf of and from all claims, demands, actions, omissions, rights of action, or cause of action (present and future), whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my bodily injury or damage that may be sustained, or property damage which may occur as a result of being on the property where ASPIRE hold classes.



## AGREEMENT AND LIABILITY RELEASE (page 2 of 2)

It is mutually understood and agreed that the provision of this liability release shall constitute a waiver of liability for injury to, or death of an equine activity participant beyond the provisions of the Iowa Code Chapter 673.

### 4. WARNING

**Under Iowa law, a domesticated animal professional is not liable for damages suffered by, an injury to, or the death of a participant resulting from the inherent risk of domesticated animal activities, pursuant to Iowa Code Chapter 673. You are assuming inherent risks by participating in this domesticated animal activity.**

5. INDEMNIFICATION: I also hereby agree to indemnify and hold harmless ASPIRE Therapeutic Riding Program and its employees, agents, manager, trainers, instructors, volunteers, insurers, representatives, and others acting on their behalf against all damages which are sustained or suffered by any third party person(s) (People who are not parties to this Agreement, including, but not limited to my relatives, guests, etc.) including any and all property where ASPIRE holds classes/activities, being near horses where ASPIRE holds classes/activities. The indemnification shall include attorney fees.

6. I am fully responsible for my own safety while on, near or off the property where ASPIRE holds classes/activities. I understand that ASPIRE advised me that I should wear properly fitted and secured ASTM-standard/SEI certified protective headgear at all times when riding horses or near horses.

7. I represent that I am now and will be at all times while on or near the property where ASPIRE classes/activities takes place, covered by accident/medical insurance.

My insurance company is \_\_\_\_\_  
Policy number \_\_\_\_\_

8. Iowa law shall govern this Agreement. Should any clause conflict with State law, that clause will be null and void and the remainder of this Agreement shall remain in effect. Any suit shall be brought in Black Hawk County.

9. Also, I represent that:

**\*I am at or over 18 years of age, of sound mind, and not suffering from shock or under the influence of alcohol, drugs or intoxicants:**

**\*I have read this entire agreement and liability release (two pages)**

**AND \*I understand it**

**AND \*All information I have provided herein is true and accurate.**

SIGNATURE OF CONTRACTING PARTY \_\_\_\_\_ Date \_\_\_\_\_  
(parent or guardian, if under 18)

SIGNATURE OF PROGRAM'S REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_

Revised 12/10/2009



## ASPIRE Therapeutic Riding Program - RULES AND POLICIES (Page 1 of 2)

1. Closed-toed shoes that are not backless – no clogs. Leather shoes with heels to prevent the foot from sliding through the stirrup are preferred. Braces and prostheses may be worn with shoes when required.
2. Long pants are required. (Never wear shorts or dresses/skirts). The saddle can bruise unprotected legs. Stretch pants or riding pants are recommended for comfort. Corduroy and parachute pants are too slippery for safety.
3. All riders must wear an ASTM/SEI approved riding helmet. We will provide an approved helmet until such time as you are able to purchase one. We suggest you purchase your own helmet.

1. It is the attendance policy of ASPIRE that following three (3) UNEXCUSED AND/OR UNNOTIFIED ABSENCES, A STUDENT WILL BE TERMINATED FROM THE PROGRAM.
2. We must be notified 24 hours before the scheduled lesson time for the absence to be excused. The exception to this is for an emergency or sudden illness, which will be considered an excused absence if we are notified as soon as possible after the onset of the illness or emergency.
3. **There are no make-ups for closure due to vacations, holidays or weather.**

1. The fee for the term is listed on your parent letter.
2. Payment for the term is due PRIOR to the start of the term. If payment is not received by the day before term starts, or financial arrangements have not been made with the Executive Director, that slot will be given to a person on the waiting list.
3. Riding fees may be reduced or waived in case of financial need.
4. There are no refunds.
5. There will be a minimal non-refundable deposit required at the time of the parent meeting.

*Program fees pay for the feed and board on our horses, as well as other center expenses. For this reason, they are expected to be paid on a timely basis, and throughout times of vacation or illness, including excused absences. **The program fees paid cover less than 30% of the actual cost of the lessons.** Therefore, you are asked to participate in and support our fund raising activities. Funds raised through these activities are used only to ensure that ASPIRE will continue to operate.*

Application forms must be completed each year. Liability and Medical Release forms are required to be updated annually. The Physician's statement must also be updated annually. *Please inform us of any changes in address, phone numbers, or medical condition, including changes in medications.*  
**All Rider forms are due at the time of the parent meeting or your spot will not be reserved!**



## ASPIRE Therapeutic Riding Program – RULES AND POLICIES (Page 2 of 2)

### GENERAL POLICY

1. Absolutely **NO SMOKING ON THE PREMISES**.
2. No dogs allowed unless they are service dogs.
3. Children must be supervised at all times. **PLEASE DO NOT LEAVE YOUR SLEEPING CHILD IN THE CAR.** The center is not secure, and there are many inherent dangers in and around the center.
4. Please remind your children: No rock throwing. No digging. No running. No yelling.
5. Children **MUST** stay out of unauthorized areas and off all machinery and farm equipment. This is for the safety of the children. If children do not adhere to these rules they will be asked to leave immediately.
6. No one is allowed near a horse unless directly supervised by an instructor or volunteer. Please do not allow your children to run up to a horse or to feed them. *Any horse can bite or kick, and some horses are on special diets.*
7. We have a well-stocked medical kit. Please report any injuries to us so that we may attend to them. Even a scratch can become infected.
8. Participants may not use any electronic equipment such as iPods, MP3 players or anything else with headphones during class.
9. Participants may not wear oversized or dangly jewelry during class.
10. Please make sure all cell phones and devices are on silent or vibrate during class time.

Please bring the following with you when you come for your parent meeting or first day of class:

- Signed and completed Application Form
- Signed and completed Authorization for Emergency Medical Treatment
- Signed and completed Participant’s Medical History and Physician’s Statement
- Signed and completed Release and Waiver
- Appropriate riding apparel:
  - Jeans, britches, or long pants
  - Closed-toed shoes (preferably hard soled shoes with heels – no loafers, flats or sandals)
  - ASTM/SEI approved riding helmet if you have one. If not, one will be provided for you.

*A responsible adult must remain with all minor children at the center at all times. Riders who have guardians must have their guardian or other approved adult stay with the rider at the center at all times.*

I have read these rules and agree to follow them. The Program Director has gone over it and has answered any questions that I may have.

Signature (parent/guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Program Director) \_\_\_\_\_ Date \_\_\_\_\_

**These are the forms that your doctor will need to fill out. The doctor needs to fill these out; the rider will not be able to participate in classes until they are filled out. If you fill out any portion of these forms except for the name, the forms will be null and void. The doctor will have to fill out another form and the rider will not be able to participate until those forms are filled out.**



Phone: 319.296.0964

Fax: 319.296.0964

Email: [info@aspiretrp.org](mailto:info@aspiretrp.org)

Web address: [www.aspiretrp.org](http://www.aspiretrp.org)

Date: \_\_\_\_\_

Dear Health Care Provider:

Your patient, \_\_\_\_\_  
(participant's name)

is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

### **Orthopedic**

Atlantoaxial Instability; include neuralgic symptoms  
Coxarthrosis  
Cranial Defects  
Heterotopic Ossification/Myositis Ossificans  
Joint Subluxation/dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Joint Fusion/Fixation  
Spinal Joint Instability/Abnormalities

### **Neurologic**

Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari II Malformation/Tethered  
Cord/Hydromyelia

### **Other**

Age - under 2 years  
Indwelling Catheters/Medical Equipment  
Medications - i.e. Photosensitivity  
Poor Endurance  
Skin Breakdown

### **Medical/Psychological**

Allergies  
Animal Abuse  
Cardiac Condition  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to Self or Others  
Exacerbations of Medical Conditions (i.e. RA, MS)  
Fire Settings  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorders

Thank you for your assistance. If you have any questions or concerns regarding this patient's participation in equine activities, feel free to contact the center at the address/phone indicated above.

Sincerely,

Marilyn Moore  
ASPIRE TRP



### Participant’s Medical History & Physician’s Statement

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
 Past/Prospective Surgeries: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Seizure Type: \_\_\_\_\_ Controlled: Y N Date of last seizure: \_\_\_\_\_  
 Shunt Present: Y N Date of last revision: \_\_\_\_\_  
 Special Precautions/Needs: \_\_\_\_\_

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: \_\_\_\_\_

For those with Down Syndrome: AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: + -

Neurologic Symptoms of Atlanto Axial Instability: \_\_\_\_\_

*Please indicate current or past special needs in the following systems/areas, including surgeries:*

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disabilities			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand that the ASPIRE TRP center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the ASPIRE TRP center for ongoing evaluation to determine eligibility for participation.

Name/Title: \_\_\_\_\_ MD DO NP PA Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ License/UPIN Number \_\_\_\_\_

**These are the forms that your OT/PT will need to fill out if applicable. The OT/PT needs to fill these out. The rider will not be able to participate in classes until they are filled out. If you fill out any portion of these forms except for the name, the forms will be null and void. The OT/PT will have to fill out another form and the rider will not be able to participate until those forms are filled out.**





# ASPIRE THERAPEUTIC RIDING PROGRAM

## New Rider Evaluation (page 2 of 2)

### Cognition

- WNL/WFL
- Delayed Learning
- Attention Deficit

### Current/Previous therapies

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Other \_\_\_\_\_

### Other Activities

- Sports
- Recreation
- School/Work

### **Mouning (mounting ramp/mounting block)**

- Min. Assist
- Mod. Assist.
- Max. Assist. (\_\_\_\_# people)

### **Dismounting**

- Min. Assist.
- Mod. Assist.
- Max. Assist. (\_\_\_\_# people)

### **Posture on the Horse**

Overall:

- Good
- Flexed
- Extended
- Lateral Flexion

Head \_\_\_\_\_

Trunk \_\_\_\_\_

Pelvis \_\_\_\_\_

Upper Extremities \_\_\_\_\_

Lower Extremities \_\_\_\_\_

### **Volunteer Needed**

- Horse leader
- Sidewalker
- 2<sup>nd</sup> Sidewalker

### **Horse Recommendations**

- Height (Tall, Short)
- Smooth Gait
- Strong Side-to-Side Motion
- Strong Forward Motion

### **Tack Recommendations**

- Natural Ride
- English Saddle
- Western Saddle

### **Therapeutic Goals**

Rider will Demonstrate:

- Increased Strength
- Increased Endurance
- Increased ROM
- Increased Attention
- Increased Balance
- Increased Cognition
- Increased/Decreased Muscle tone

As Shown By:

- Decreased level of assist. from volunteers
- Ability to tolerate \_\_\_\_\_ minutes of riding
- Initiation of new tasks
- Improved time on task/concentration
- Increased verbalization/language skills
- Decreased amount of cues needed (verbal, tactile)
- Improved Gait

**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

These are the forms that your psychiatrist will need to fill out if applicable. The psychiatrist needs to fill these out. The rider will not be able to participate in class until they are filled out. if you fill out any portion of these forms except for the name, the forms will be null and void. The psychiatrist will have to fill out another form and the rider will not be able to participate until those are filled out.



### Mental Health Data Form (Page 1 of 2)

Participant's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Parent/Legal Guardian: \_\_\_\_\_ Phone: H \_\_\_\_\_ W \_\_\_\_\_  
Address: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Diagnosis (DSM-IV)

Axis I \_\_\_\_\_  
Axis II \_\_\_\_\_  
Axis III \_\_\_\_\_  
Axis IV \_\_\_\_\_  
Axis V \_\_\_\_\_

#### Present Problems

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Current Medications

Drug	Dose	Route	Time	Purpose
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Psychiatric Treatment History

	<u>Where</u>	<u>When</u>	<u>Diagnosis</u>
Current Therapy	_____	_____	_____
Outpatient Therapy	_____	_____	_____
Inpatient Therapy	_____	_____	_____

Revised 12/10/2009



## Mental Health Data Form (Page 2 of 2) Therapeutic and Safety Issues

Check and describe applicable issues (indicate current or history of):

- Inattention
- Hyperactivity
- Lack of concentration
- Learning disabilities
- Developmentally delayed
- Mentally challenged
- Boundary issues
- Social skills problems
- Problems with peers
- Separation anxiety
- Anxiety
- Phobias
- Aggressive
- Assaultive
- Manipulative
- Unpredictable or dangerous behavior
- Sensory impairment
- Sensitivity, preferences
- Tics or stereotypic behavior
- Psychosomatic symptoms
- Medical issues
- Self-injurious behavior
- Suicidal ideations
- History of runaway
- Issues of parental support
- Issues of family support
- Sexual abuse/acting out
- History of physical abuse
- Emotional abuse
- Hallucinations
- Delusions
- Illusions
- Dissociations
- Substance abuse problems
- Legal problems
- School problems
- History of animal abuse
- Fire setting
- Seizure disorder
- Possible medication side effects

Information Source

Date Form Completed

*Revised 12/10/2009*



Dear Parents and Guardians:

Seizures are a disruption of brain function manifested as impairment or loss of consciousness, abnormal motor activity, and sensory disturbances. Congenital disorders, disease, or trauma may cause seizures. If a seizure disorder is noted on the Physician Referral, then ASPIRE TRP, Inc. would need the following additional information to help our instructors plan for a safe session. Center staff and volunteers will be made aware of the correct first aid procedures should a seizure occur.

Name _____ Address _____
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1. Type of seizure: _____	
2. Typical aura: _____ _____	
3. Typical motor activity during seizure: _____ _____	
4. Average duration of the seizure: _____	5. Current frequency of the seizures: _____
6. Description of the rider's behavior during the post-ictal (recovery) state, and its duration. _____ _____	
7. What to do should a seizure occur during ASPIRE TRP, Inc. activities: _____ _____	

**Precaution:** A rider's seizure disorder is a precaution to ASPIRE TRP, Inc. if the motor activity, change in postural tone, loss of motor control, or alteration in consciousness is minor and unlikely to frighten or injure the horse, rider, or staff. In addition, it is a precaution if the frequency of seizures, or the seizure medication, causes significantly decreased awareness and alertness that is not improving by riding.

**Contraindication:** Seizures accompanied by strong, uncontrollable motor activity may be a contraindication to riding. Also, atonic "drop" seizures may be a contraindication due to the sudden and complete loss of postural muscle tone.

## **SCHOLARSHIP APPLICATION**

**IF YOU NEED TO APPLY FOR A SCHOLARSHIP, PLEASE FILL OUT THE APPLICATION AND RETURN IT AT YOUR PARENT MEETING. IT WILL THEN BE PRESENTED TO OUR BOARD OF DIRECTORS ON THE FIRST MEETING AFTER IT IS TURNED IN.**



Phone: 319.296.0964

Fax: 319.296.0964

Email: info@aspiretrp.org

Web address: www.aspiretrp.org

# Scholarship Application

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State/Zip

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Family Size \_\_\_\_\_

Children:

Name

Age

School

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## YEARLY GROSS INCOME (ALL MUST BE VERIFIED)

\$ \_\_\_\_\_

- A. Wages \_\_\_\_\_
- B. Food Stamps \_\_\_\_\_
- C. Alimony \_\_\_\_\_
- D. FIP \_\_\_\_\_
- E. Housing Assistance \_\_\_\_\_
- F. Child Support \_\_\_\_\_
- G. Social Security \_\_\_\_\_
- H. Workman's Comp \_\_\_\_\_
- I. Other \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Office Use Only

Method of verification used: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date Applicant Notified \_\_\_\_\_

Expiration Date \_\_\_\_\_



# SCHOLARSHIP APPLICATION INFORMATION and QUESTIONNAIRE

(Page 1 of 2)

ASPIRE is offering scholarships to a limited number of individuals for the 2012 spring, summer and fall sessions. To qualify for a scholarship an individual is required to make a deposit prior to the session, complete the application and respond to the questions listed below before the scholarship deadline. Please note that if the application is not received by the deadline, full payment for the session will be required. Applicants are encouraged to provide meaningful responses to these questions as they will be taken into consideration when the board awards scholarship funding. The board will meet and notify you of their decision in writing or by phone within one week of their meeting.

## APPLICATION DEADLINES

Spring Session – March 7th

Summer Session – May 9th

Fall Session – July 11th

\*If you are applying for the full year, you are only required to fill out the application once.

**Please complete the following questions in 3 to 6 sentences.**

1. Please explain your financial hardship or need for this scholarship. \_\_\_\_\_

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2. How will your child benefit from an ASPIRE scholarship? \_\_\_\_\_

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## SCHOLARSHIP APPLICATION

(Page 2 of 2)

3. Explain the characteristics your child possesses that make them a worthy candidate for this scholarship.

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4. Where do you see your child in five years in terms of their accomplishments and goals?

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5. What, if any, is your child's experience with animals?

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6. What activities or extracurricular activities does your child participate in?

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If you have any questions regarding the scholarship application or any of the questions above, please call the ASPIRE office at 319-296-0964.