

Rider Profile:

Name of Rider : _____

Age: _____

Date of Birth: _____

What makes your child happy or excited:

School Information:

School Name: _____

What interventions does the school currently have put in place (if you have anything you would like to attach please do):

Have teachers communicated any goals that they have your child?:

What has the school been doing that has helped your child?

Behaviors:

When overwhelmed, upset, or frustrated does your child have any behaviors such as hitting, kicking, biting, screaming, etc:

What are some instances that cause your child frustration or agitation?

Does your child engage in stimming (flapping, rocking, repetitive vocalizations) if so when does this typically happen?:

Does your child have any obsessions or compulsions, if so explain:

Does your child have any sensitivities related to the five senses (Touch, smell, hearing, taste, sight), if so explain:

Goals:

What are your goals for your child:
