PARENTS: Take this form to your child’s teacher

BLUE MOUNTAIN THERAPEUTIC RIDING CENTER
1280 LOWDEN GARDENA ROAD
TOUCHET, WASHINGTON 99360

I give_____________________________ , the teacher of my son/daughter/ward permission to release school information concerning him/her, ___________________________ to the Blue Mountain Therapeutic Riding Program and I give the Blue Mountain 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

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