

DATE: \_\_\_\_\_

PARTICIPANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_ MALE      \_\_\_\_ FEMALE

**THIS IS TO BE COMPLETED BY THE PARTICIPANT. IF THIS IS FOR A MINOR, IT SHOULD BE COMPLETED WITH THE PARENT/GUARDIAN'S ASSISTANCE.**

WHAT DO YOU FEEL ARE YOUR STRENGTHS?

WHAT DO YOU FEEL ARE YOUR WEAKNESSES OR AREAS YOU STRUGGLE IN?

WHAT WOULD YOU LIKE TO GAIN FROM YOUR EXPERIENCE AT HOPE REINS?

WHAT ARE SOME GOALS WHILE AT HOPE REINS?

IMMEDIATE GOALS:

LONG TERM GOALS:

WHAT TYPE OF THINGS DO YOU LIKE TO DO?

DATE: \_\_\_\_\_

PARTICIPANT'S NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

(If a Minor)

CONTACT NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WHAT BRINGS YOU TO HOPE REINS? ARE THERE BEHAVIORS OR OTHER ISSUES THAT HAVE PROMPTED YOU TO REACH OUT TO HOPE REINS?

ARE THERE ANY PARTICULAR THINGS STAFF/VOLUNTEERS SHOULD KNOW IN ORDER TO BETTER ASSIST YOU AND/OR YOUR CHILD IN ACCOMPLISHING GOALS?

DOES THE PARTICIPANT HAVE ANY PHYSICAL LIMITATIONS?

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE