

Healing with Horses General Assessment Form



Special Needs Assessment Template (Please Print Legibly)				
Child 1. Full name				
Date of Birth:		Age:	Cognitive Age:	
Disability or additional needs:				
Has there been a formal diagnosis	Yes / No	Do you have access to medical records to confirm this		Yes / No
Has your child been exposed to any form of trauma:				Yes / No
Give details				
Parenting:	Single parent	Divorced parents with shared custody	Single parent with sole custody	Parents that are still are living together

Communication – How well can your child communicate	
Does your child talk?	Yes/ No
Can you understand your child when he/she talks?	Yes/ No
Does your child need help or prompts to talk? E.g.: Sign language, I-pads, Visual cues, board and marker, PECS etc.	Yes/ No
Can your child follow a simple 2-3 step instruction?	Yes/ No
Are there any other issues with your child's speech?	Yes/No
Please Expand:	

Self-Care / Personal Grooming – How much assistance does your child need with the following:

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Toileting	No assistance / Some assistance / Dependent on caregiver/ potty trained
Dressing	No assistance / Some assistance / Dependent on caregiver

Safety – How safe is your child without supervision	
Does your child have issues regarding personal safety awareness	Yes / No
Is your child at risk of inadvertently causing harm to self or others	Yes / No
Does your child tend to run away?	Yes / No
Does your child understand 'Appropriate / Inappropriate touch'	Yes / No
Does your child have a tendency to put non-food items into their mouth	Yes / No
Can your child identify their name?	Yes / No
What level of close supervision does your child require in public	Low / Medium / High
Other / Please expand:	

Medical / Health		
Is your child on any medication (what is it for)	Yes / No	
Does your child have any physical disability's? (describe)	Yes / No	
Allergic reactions	anaphylaxis	Allergen:
	Other type of reactions	Allergen:
Other / Please expand: (Moving assistance, requires equipment to move)		

Behavioural Issues / Stress / Anxiety	
Does your child have any behavioral issues of concern	Yes / No

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Can your child identify their needs	Yes / No
Are there any specific triggers that affect your child's behavior	Yes / No
Does your child cope with changes to routine	Yes / No
How does your child indicate they are stressed	
How do you manage any stress or anxiety in your child (what calms them)	
Other / Please expand	

Sensory Sensitivity	
Taste	Yes/ No
Touch	Yes/ No
Smelling	Yes/ No
Hearing	Yes/ No
Vision	Yes/ No
Please Expand:	

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Additional Notes: