



# HORSE WISDOM - CHILD



**Please Note:** No prior experience with horses is needed.  
You will need to dress appropriately for and outdoor session, with flat, enclosed shoes or boots.

This is a 7 week program and for maximum benefit sessions are completed in a specific order.

## Parent 1 / Guardian Contact Information

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Email: \_\_\_\_\_

## Parent 2 / Guardian Contact Information

Full Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Email: \_\_\_\_\_

## Child Information

Child's Full Name: \_\_\_\_\_  
Date of Birth/Age: \_\_\_\_\_  
Siblings: \_\_\_\_\_  
Previous or current Coaching / Counselling or Psychology sessions?  
\_\_\_\_\_  
: \_\_\_\_\_  
If yes, was it useful or not? \_\_\_\_\_  
\_\_\_\_\_  
School Attended and Year Level \_\_\_\_\_  
\_\_\_\_\_  
What brings you to Equine Assisted Learning?  
\_\_\_\_\_  
What is your child's experience with horses?  
\_\_\_\_\_  
What are your child's current challenges?  
\_\_\_\_\_  
\_\_\_\_\_

What do you consider to be your child's strengths? \_\_\_\_\_

How does your child respond when they are in a really **challenging situation**? \_\_\_\_\_

What triggers negative reactions from your child and how are they exhibited? \_\_\_\_\_

Please feel free to share any other relevant information regarding your child or current family situation \_\_\_\_\_

Please note: Due to the group based nature of this program, the confidentiality of others attending and the need to complete the sessions in order if your child has to miss a session we will be unable to make it up.

However, if more than 24 hours notice is given we will be able to credit the amount of the session to be used at a later date.

*Thank you and I hope your child enjoys working with and learning from the horses at Horse Sense*

