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President

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### General Rider Information

At Little Britches Therapeutic Riding we want our lessons to be as successful as possible. Please fill out this form so that our instructors and volunteers can create a positive experience for you and/or your child.

Student Name: \_\_\_\_\_ Student Nickname: \_\_\_\_\_

Communication (style, understanding/comprehension, ability to express needs):

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Learning Style: Visual/Learns by seeing      Verbal/Learns by hearing      Kinesthetic/Learns by doing

Favorites: (eg. food, colors, animals, subjects, etc.) \_\_\_\_\_

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Sensitivities: (eg. smell, touch, sounds, etc.) \_\_\_\_\_

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Our Family's Do's and Don'ts: \_\_\_\_\_

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Any other special things we should know? \_\_\_\_\_

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