



## Participant and Parent/Guardian Evaluation

Please complete the following questionnaire as it relates to your child's experience with the City to Saddle program, and, if part of a youth organization, return to your group leader. Evaluations should be post mailed or emailed to City to Saddle.

Name and location of riding program: \_\_\_\_\_

Name of child (optional): \_\_\_\_\_ Dates of program \_\_\_\_\_

Name of Parent or guardian (optional): \_\_\_\_\_

### **Parent or Guardian Questions:**

City to saddle wants our participants to have fun and learn horsemanship and other skills as well as contribute to the children's physical, social, and mental health development. Did City to Saddle enhance your child's self-confidence, self-discipline, patience, compassion or other characteristics? Please explain how, specifically, the program influenced your child.

Did you feel the program was diverse and sensitive to your child's needs?

Did you feel you had sufficient and appropriate information about the program prior to sending your child? If no, please share additional information you would have liked:  
Would you encourage others to participate? \_\_\_\_\_

Would you be interested in having your child continue with horse experiences, such as individual lessons or volunteering in the future?

If so, what would the obstacles be (if any) that would prevent this from happening?

Would you like to visit the farm and learn about the programs, learn to ride a horse and or find out about volunteer opportunities for parents?

May we have your permission to quote you in our presentation materials? \_\_\_\_\_

If yes, please give signature: \_\_\_\_\_ date: \_\_\_\_\_

City to Saddle

[www.citytosaddle.org](http://www.citytosaddle.org)



## Child Participant Questions:

Your Name: \_\_\_\_\_

Did you like the City to Saddle Horsemanship Program? \_\_\_\_\_

Were you excited to come to the barn each day? \_\_\_\_\_ Did you feel comfortable?  
\_\_\_\_\_

What did you learn? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was your favorite part? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you change? \_\_\_\_\_  
\_\_\_\_\_

Would you like to ride again? \_\_\_\_\_

Would you like to continue riding, going to horse shows or volunteering?

Would you recommend City to Saddle to friends? \_\_\_\_\_

What is your best memory of the City to Saddle Horsemanship program? \_\_\_\_\_  
\_\_\_\_\_

Group leaders: Please send completed evaluations to the address or email address below.  
[City to Saddle/Dale Perkins P.O. Box 512, Rutland, MA 01543](#)

Optional activity for program participants: On additional paper, write a story about your City to Saddle experience or draw a picture of you riding your favorite horse, grooming, or doing something else you enjoyed at the City to Saddle program. Some of these drawings may be shared on our web site. [www.citytosaddle.org](http://www.citytosaddle.org) . Thank you!