**Parent Survey for Power Point Presentation**

*Hippotherapy for Children, A Guide for Parents*

*Circle the option that best represents whether you agree or disagree with each statement.*

1. **After viewing this presentation, my knowledge of hippotherapy has increased.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

1. **I understand the differences between hippotherapy and other horse-related activities for children with disabilities.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

1. **I understand how hippotherapy is part of a physical plan of care.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

1. **The research presented will help me make a better decision about hippotherapy for my child.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

1. **After viewing this presentation, I would consider hippotherapy for my child?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

1. **There are barriers that prevent my child from receiving hippotherapy.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

1. **This presentation answered my questions about hippotherapy.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

*Comments:*

1. **What barriers prevent your child from receiving hippotherapy?**
2. **What additional information would be beneficial to include in this presentation?**
3. **Is there information that should be taken out of this presentation because it was not helpful?**