



Horse and Rider Assessment Form

General Information

Rider Name: _____

Horse Name: _____

Date: _____

Assessor: _____

Discipline: ☐ Dressage ☐ Jumping ☐ Eventing ☐ Pleasure ☐ Other: _____

Rider Assessment

Category	Score (1-10)	Comments
Position & Posture		
Balance & Seat		
Use of Aids (hands/legs)		
Coordination & Timing		
Focus & Awareness		
Rider Confidence		
Communication with Horse		

Horse Assessment

Category	Score (1-10)	Comments
Responsiveness to Aids		
Rhythm & Tempo		
Suppleness & Flexibility		
Straightness		
Impulsion & Energy		
Attitude & Willingness		
Overall Fitness/Condition		

Performance/Movement Evaluation

Activity	<input checked="" type="checkbox"/> Performed	<input type="checkbox"/> Needs Improvement
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Walk		
Trot		
Canter		
Transitions		
Circles/Turns		
Lateral Work		
Jumping (if applicable)		

Summary and Recommendations

Strengths Observed:

Areas for Improvement:

Suggested Exercises or Homework:

Next Assessment/Goal:

Assessor Signature: _____ Date: _____

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