

UNMOUNTED SKILLS LEVEL ONE

Correctly demonstrate the following skills to a designated leader or resource person
Leader, please mark an “X” in the “S” Column for **Successfully demonstrating** or
in the “G” column with **demonstrated with Guidance.**

		S	G	Date
1	Explain where the safety zones are when handling horses			
2	Explain which side to you lead the horse or mount the horse from			
3	Explain how horses see (their vision)			
4	Demonstrate how to safely approach a horse (with halter on) and lead it.			
5	Demonstrate how to correctly tie a horse with a safety knot			
6	Identify three basic grooming tools			
7	Demonstrate the use of the above three grooming tools, explain basic safety while grooming			
8	Correctly bridle their horse or pony (assistance ok)			
9	Correctly saddle their horse or pony. (assistance ok)			
10	Know how to perform a safety check before mounting.			
11	Demonstrate how to mount and dismount safely using correct form. (assistance ok)			
12	Demonstrate how to safely release your horse and remove the halter			
13	Demonstrate the proper S.E.I. helmet fit			
	Total			

RIDER'S NAME _____ DATE: _____

LEADER'S SIGNATURE _____ DATE: _____

General Comments

LEVEL ONE MOUNTED SKILLS EVALUATION

(Choice of Seat Optional)

Scoring System – 75% passing (with a minimum of 5 on each movement)

1-3 Unsafe - difficulty maintaining control

3-5 Attempt to perform movement but below requirements (Example: wrong lead uncorrected)

5-8 Movement performed with errors, but corrected (Example: leads, diagonals)

8-10 Movement performed correctly to exceptionally well

LEVEL ONE

	Possible	Score
Lead your horse or pony to evaluator, perform a tack check	10	
Mount your horse or pony (may be assisted)	10	
Walk on rail	10	
Circle at a walk	10	
Halt from a walk (pause 10 seconds)	10	
Trot / jog on rail	10	
Two point at a trot	10	
Circle at a trot	10	
Halt from a trot	10	
Back 4 steps	10	
Reverse on the haunches (pivot 180 degree turn)	10	

ADDITIONAL SCORING

Subtle use of aids	10	
Submission of horse to rider	10	
Correctness of position	10	
Balance and collection	10	
Overall safety awareness	10	

Total (160) _____

Rider's Name _____

General Comments of overall ride (may make suggestions for improvement)

Evaluator's Signature _____ Date _____