



Orientation Checklist

Worker:

Supervisor:

Date:

Horse Handling

Skill	Observed Yes or No	Competent Yes or No <small>No indicates further training is required and to follow</small>	Supervisor Initials and Date Action Date
Handling Basics 1	Yes No	Yes No	
Handling Basics 2	Yes No	Yes No	
Trailerling	Yes No	Yes No	
Gates	Yes No	Yes No	
Pasture Doctoring	Yes No	Yes No	
Roping	Yes No	Yes No	
Rough Country Riding	Yes No	Yes No	
Shoeing	Yes No	Yes No	

Other Notes:

Please use the following *Orientation Checklist* as a guideline to building your own orientation checklist.

