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| **Orientation Checklist** |
| **Name of Worker:** |
| **Name of Supervisor:** |
| **Date of Training:** |
| **Skill** | **Observed** | **Competent**No indicates further training is required | **Supervisor** Initials and Date | **Action Date** |
| Handling Basics 1 | Yes No | Yes No |  |  |
| Handling Basics 2 | Yes No | Yes No |  |  |
| Trailering | 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:**   |