



Therapy Dog Request Form

Please return form to the Building Principal

Name of person(s) making request: _____ Date: _____

Name of Therapy Dog: _____ Building: _____

Requesting party's contact information: _____

Email: _____

In accordance with the West Irondequoit CSD Regulation 8360 regarding Use of Assistance Animals, it is required that a written request must be submitted to the Superintendent or designee to be approved by the Board of Education. As part of that request, it is required that general information be provided about the proposed use of the therapy dog including when and where they will be utilized. Accordingly, the following questions will help gather that information and should be used in conjunction with other required and relevant information highlighted within the Regulation.

Basic Background:

How will the therapy dog enhance your educational program:

What are some of the specific ways the therapy dog will support my instruction:

What are the logistics in terms of how the therapy dog will be introduced to the school and students serviced:

When will the therapy dog be at school and where will the therapy dog be kept:

What is the vision for introducing the therapy dog to this work:

Building Principal Signature _____ *Date:* _____

Student Services Signature: _____ *Date:* _____

Superintendent Determination Date: _____

Approved: _____ *Not approved:* _____

Rationale (if applicable):

Applicant informed of decision (date): _____

Date of Review with Board of Education: _____

Signature of Superintendent: _____