LASD Therapy Dog Program: Parent Preferences & Permissions

Please complete this short survey to indicate your student's comfort level with dogs. If you have multiple students in the District, please complete one form for each of your students.

* Indicates required question

1. Email *

2. Student First Name *

3. Student Last Name *

4. Parent Name *

5. What is your student's ID number? *

6. What is student's current grade level? *

Check all that apply.

- [ ] Pre-K
- [ ] K
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10
- [ ] 11
- [ ] 12

7. I am comfortable with my student being around dogs. They have no fears or allergies. *

Check all that apply.

- [ ] Yes
- [ ] No

8. My student is allergic to dogs, but only by touch or if they come in close contact. I am comfortable with them being in the same room as dogs. *

Check all that apply.

- [ ] Yes
- [ ] No

9. My student is allergic to dogs and cannot be in the same space. *

Check all that apply.

- [ ] Yes
- [ ] No

10. I do NOT want my child to interact with dogs throughout the day due to allergies or other reasons. *

Check all that apply.

- [ ] Yes
- [ ] No

11. If you would like to provide additional details about allergies or comfort levels, please do so here.