Purpose

The purpose of these regulations is to outline the procedures and requirements for the use of therapy dogs within MISD to support the mental and physical well-being of students and staff.

Certification and Training

Therapy dogs and their handlers must hold certification from recognized organizations, including but not limited to the Alliance of Therapy Dogs (ATD) or Therapy Dogs International (TDI).

Therapy dogs must undergo comprehensive training and ongoing health checks. Behavioral training must ensure that dogs are suitable for professional and educational environments.

Therapy dogs are managed through the Counseling Department at designated MISD campuses.

Approval Process

1. Staff must submit a formal request or application to their supervisor or district administration. The request must detail the intended purpose and use of the therapy dog.
2. Requests must include the therapy dog's certification, training records, and up-to-date health records from an accredited organization.

Health and Safety

Therapy dogs must have current vaccinations and health checks. Documentation of these records must be provided.

Proof of liability insurance covering the therapy dog may be required.

Access and Restrictions

Therapy dogs are permitted only in designated areas, including staff offices and break areas. Access to classrooms and other areas may be restricted.

The district will conduct an assessment of the potential impact on students, staff, and the environment before granting therapy dogs access to designated areas.

Interaction Guidelines

1. The Therapy Dog handler is solely responsible for ensuring that the therapy dog remains under control and behaves appropriately at all times.
2. The Therapy Dog Handler must manage interactions between the therapy dog and students or other staff to avoid disruptions and maintain safety.
3. All students are required to have a signed parent permissions slip to interact with the therapy dog.

Emergency Procedures

Procedures must be established for managing emergencies involving the therapy dog, including incidents such as bites or aggressive behavior.

Privacy and Confidentiality

All matters related to the therapy dog must be handled confidentially, respecting the privacy of students and staff.

Training and Awareness

1. Staff must be informed of the therapy dog's presence and provided with guidelines for safe interaction.
2. Staff may be required to undergo training on how to work effectively and safely with therapy dogs.

Review and Evaluation

The use of therapy dogs must be regularly reviewed to ensure they meet intended goals and do not create unforeseen issues.

Feedback from staff and students must be collected to evaluate the therapy dog's impact and effectiveness.

Compliance

All policies and procedures related to therapy dogs must be strictly followed. Any changes or issues must be communicated to the appropriate authorities.

Job Duties

The presence of therapy dogs must not interfere with or distract staff from their regular job duties. Measures should be taken to

ensure that the therapy dog's presence does not affect productivity or disrupt the work environment.

Note: The following forms do not apply to:

An animal handled by a law enforcement professional for official purposes, such as a drug dog;

OR

An animal used by a person with a disability for assistance. [See DAA and FBA]

See the following forms related to non-service animals on campus for instructional purposes:

Exhibit A: Request to Bring Animal on Campus for Instructional Purpose — 2 pages

Exhibit B: Sample Notice to Parent Regarding Animal in Classroom — 2 pages

Exhibit C: Non-Service Animal Incident/Accident Report Form — 1 page

Exhibit D: Witness Statement: Non-Service Animal Incident/Accident Report — 1 page

EXHIBIT A Date: _____

REQUEST TO BRING ANIMAL ON CAMPUS FOR INSTRUCTIONAL PURPOSE

Name Therapy Dog Handler submitting request: _____

Dates(s) or duration animal will be present on District property:

_____

Course(s) taught and instructional purpose or educational objective: EX

_____

_____

_____

Identify the animal *(species, gender, etc.)*: _____

_____

Is the animal required to receive vaccinations, and if so, please attach copy of vaccination history to form:

¨ Yes (see attached) ¨ No

Review by School Nurse

Please list any allergy related notes or other concerns regarding animal:

_____

_____

Nurse's signature: _____

Date: _____

For Office Use Only

¨ Approved ¨ Denied

Exhibit B

Notice to parent regarding Therapy DOG Date: _____

Dear Parent:

This letter is to inform you that, beginning _____ *(date),* I will be introducing an animal into our classroom.

Having a classroom animal provides many benefits for social and emotional learning and enhances academic instruction.

I have provided information about our classroom animal below.

Name and type of animal: _____

Facts about this animal: *(habitat, personality, any other relevant/interesting facts)*

_____

_____

How students will interact with animal: *(list classroom activities, such as reading to the animal)*

_____

Be advised that our classroom animal is healthy and has all necessary vaccinations, and your child will not handle or help care for the animal without your permission.

Please feel free to contact me if you have additional questions or concerns.

Sincerely,

_____

Parental or Guardian Consent:*Choose all that apply:*

¨ I give permission for my child to participate in activities with the Therapy Dog.

¨ I do not give permission for my child to participate in activities with the Therapy Dog. My child has allergies, a fear of animals, or other concerns. (I will contact you to discuss arrangements for your child.)

Exhibit C

Non-service animal incident/accident report form

Name of injured student or staff member: _____

Address: _____

Phone: _____

Age: _____ Sex: _____ Grade (if applicable): _____

School: _____

Place where incident/accident occurred: _____

Date: _____ Time of day: _____

Subject or activity during which incident/accident occurred: _____

Details of accident provided by student, staff member, or witness (identify source):

_____

_____

_____

Nature of injury (part of body injured): _____

Witnesses: _____

Parent or emergency contact notified by: _____

Type of first aid given: _____

Has the animal been removed from the campus or District property pending an investigation?

o Yes o No

Signature of person making report _____Date:_____

Signature of principal: _____Date: _____

Exhibit D

Witness statement: non-service animal incident/accident report

Name of witness: _____

Address: _____ Telephone: _____

Date of incident/accident: _____

Time occurred: _____ a.m. p.m.

Where did the incident/accident happen? Be specific. _____

_____

How close were you when the incident/accident occurred? _____

Did you see it? _____

If not, how soon after the incident/accident did you arrive? _____

Was anyone injured? _____ If so, who? _____

Were there other witnesses? _____ If yes, list names. _____

_____

Describe what you saw and heard:

_____

_____

_____

_____

_____

_____

Signature of witness: _____ Date:_____