



## Use of Certified Therapy Dog in Schools

### **Administrative Procedure 3.B.045**

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**Board Governance Policy Cross Reference:**

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**Legal Reference:**

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**Date Adopted: March, 2020**

**Date Amended:**

**Date Reviewed: October, 2020; November, 2023**

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The School District of Mystery Lake recognizes that a certified therapy dog, when well trained and supported, not only demonstrates its trained tasks but can also comfort people. The presence of a therapy dog can decrease anxiety and provide a level of comfort that enables students to work through a variety of challenging issues. Their responsibilities are to provide psychological and physiological therapy to individuals.

Please note that therapy dogs are **NOT** service dogs.

The School District of Mystery Lake supports the use of a certified therapy dog in schools as long as the appropriate planning and preparation has taken place prior to the implementation of the program.

#### **Guidelines:**

1. The principal will initiate the use of therapy dogs in schools. The therapy dog organization may offer therapy visit programs (such as Special Paws for Special Kids program or Therapy Animals Involved in Literacy Skills both through St. John's Ambulance), which must be approved by the principal and superintendent. The principal of the school has the authority to end any arrangement pertaining to the use of therapy dogs at any time at their discretion. Once approved, the following procedures will be followed prior to the admittance of a therapy dog into the school.
2. The Principal will investigate as to whether any student or member of staff has severe medical or psychological reactions to animals that may prevent or restrict the involvement of the therapy dog at the school.
3. Final approval for the use of a certified therapy dog service animal in the School District of Mystery Lake can only be granted by the School District of Mystery Lake Superintendent.

4. Application for the use of a certified therapy dog must be submitted to the superintendent for approval a minimum of three months prior to the implementation of a program.
5. The Student Services Administrator may contact the service that trains the animal for further information about placement and information regarding the certified therapy dog in the school setting.
6. Once approved, the following procedures will be followed prior to the admittance of a therapy dog into the school.

Responsibilities of the Handler:

- In addition to student safety, the handler agrees that the therapy dog's physical and mental health will be their priority.
- The handler will ensure that the principal is provided with evidence that the therapy dog team is certified to work with children.
- The handler will provide a criminal record check and child abuse registry check.
- A certificate of training for the dog and current documentation that states the animal is in good health, properly licensed and has an up-to-date record of all vaccinations.

Principal's Responsibilities:

- Upon receipt of all required information, consult with the Student Service Administrator to gain Superintendent approval.
- Upon receipt of Request for Approval for the Use of a Certified Therapy Dog, inform all school staff members of the request to have a therapy dog in the school. Their input and information will assist the Principal in the school entry process.

- Discussions will include other relevant information such as:
    - Health and safety considerations (including severe allergies of staff or students with asthma).
    - The potential impact of the involvement of the therapy dog on the school community.
    - Handling routines and responsibilities
    - Guidelines for staff and students, other student issues
    - The role of and communication with parents
  - School district administration may inform relevant employee groups and/or the Workplace Safety and Health Committee that a therapy dog will be in the school.
  - Place signs on entrance doors to inform school visitors of the presence of a therapy dog.
7. The School District of Mystery Lake retains discretion to exclude or remove the certified therapy dog from the school or school property if:
- The presence of the certified therapy dog poses a direct threat to the health and safety of others;
  - The certified therapy dog significantly disrupts or interferes with the instructional program, school activities, or students
  - The handler is unable to fully control the animal
  - The handler fails to provide the required documentation
  - The certified therapy dog fails to consistently perform the function(s)/service(s) for which it has been trained and brought to school



## Appendix A Request for Approval of Therapy Dog

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*This information is being collected pursuant to the provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. Questions about this collection should be directed to the Superintendent of the School District of Mystery Lake.*

Date of Request: \_\_\_\_\_ Receiving School: \_\_\_\_\_

Administrator: \_\_\_\_\_

Student (s) the dog will be working with:

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Identify and describe the need for the therapy dog as it relates to the student (s) and describe the manner in which the therapy dog will meet the individual's particular need(s). If more space is required, please add additional pages.

Breed of Therapy Dog: \_\_\_\_\_

Name of Animal: \_\_\_\_\_

- Therapy Dog Documentation: Animal is properly trained
- Animal Licensed
- Vaccinations Record
- Institute Where the Animal was Trained / Name of Handler: \_\_\_\_\_
- Liability Insurance

Request submitted by School Principal to the Student Services Administrator in preparation for approval to the Superintendent.



## Appendix B Therapy Dog Registration Agreement

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Animal Owner: \_\_\_\_\_ Breed of Therapy Dog: \_\_\_\_\_

Name of Animal: \_\_\_\_\_

### Support Documentation

- Request for Approval Form
- Letter from physician is attached

Documentation that confirms the therapy animal is:

- Properly Trained
- Licensed
- Properly Vaccinated (Up-to-Date Record)
- Under the control of a properly trained handler. Name of the handler: \_\_\_\_\_
- Covered by adequate liability insurance

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I have read and understand the School District of Mystery Lake regulations and procedures: Use of Certified Therapy Dogs in Schools and I agree to abide by all the terms of the procedure.

I understand that if my therapy dog is: out of control and the behavior is not effectively controlled; not housebroken; the dog's presence or behavior interferes in the education of students and functions of the school or district; or, poses a threat to the health or safety of others that cannot be eliminated by reasonable modifications, the School District of Mystery Lake has the discretion to exclude or remove my Therapy Dog from its property.

I agree to be responsible for any and all damage to school and/or school district property, personal property, and any injuries to individuals caused by my therapy dog. I agree to indemnify, defend and hold harmless the School District of Mystery Lake and its schools from and against any and all claims, actions, suits, judgements and demands brought by any party arising on account of, or in connection with, any activity of or damage caused by therapy dog.

\_\_\_\_\_  
Signature of Handler

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Student Services Administrator

\_\_\_\_\_  
Date



# Appendix C Sample Letter to Families with Children in the Classroom

Insert School Letterhead

Date

Dear Parents and Guardians,

Your child is invited to participate in a program called Special Paws for Special Kids at our school. We are welcoming a St. John Ambulance Therapy Dog, ***dog's name***, and his / her handler, ***handler's name***, to work with a small group of students starting ***date***. Therapy dogs support students in a variety of ways including: reducing anxiety, social inclusion, encouraging meaningful communication, teaching prosocial behaviour, and support for mental health. Goals and activities will be coordinated and planned by your child's Student Services team.

This is a free program run for the community by St. John Ambulance and their volunteer handlers. All therapy dogs are up to date with immunizations and are in good health. As part of the certification process, therapy dog teams are assessed by a St. John Ambulance Therapy Dog Evaluator for the dog's suitability and temperament, as well as the handler's skill working with the dog. Teams who volunteer in schools must pass assessments for both adult and child services.

If your child has allergies, a fear of dogs or other concerns that would restrict your child's access to therapy dog services, please let us know so that we may plan accordingly. We are excited to for your child to participate in this program. Please return the attached form below to provide consent for your child, or contact us directly if you have questions about this opportunity.

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Student name: \_\_\_\_\_

I give permission for my child to participate in the Special Paws for Special Kids Program at ***School Name*** for the 20\_\_\_\_ school year.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Please inform school as to pet allergies or other concerns\*\*\*