REQUEST FOR INCLUSION OF CERTIFIED SERVICE DOG or THERAPY DOG for STAFF

STAFF INFORMATION	
Name of Staff Member:	Date of Birth:
Mailing Address:	
City/Town:	Postal Code:
School:	
Home phone:	Cell Phone:

Please provide the following:

1. Reason for a Certified Service Dog / Therapy Dog:

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2. Length of time Certified Service Dog / Therapy Dog and you have worked together:

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3. I understand that it is my responsibility to:
   - 3.1. Provide the principal with all required documentation, reports and certificates in a timely manner including:
     - 3.1.1. Physician or therapist's letter confirming need for Certified Service Dog /Therapy Dog;
     - 3.1.2. Copy of Service Dog Identification Card;
     - 3.1.3. Up-to-date proof of vaccinations, licensing and insurance;
     - 3.1.4. Proof of adequate insurance.
   - 3.2. Agree to work with the school administrator to inform school staff, students and, when required, bus driver(s);
   - 3.3. Assume financial responsibility for the Certified Service Dog's training, veterinary care, license and other related costs;
   - 3.4. Participate in a school case conference to:
     - 3.4.1. inform the principal of all relevant information that may affect students, staff, and/or visitors to the school;
     - 3.4.2. Assist the principal with communicating relevant information to the school community;
   - 3.5. Work cooperatively with school staff to ensure accommodation of the Service Dog is successful
   - 3.6. When required. work with the division Transportation Department, to ensure successful accommodation of my Service Dog;
   - 3.7. Provide the required equipment and animal care items;
   - 3.8. Provide food, water and bio-breaks to the Service Dog as required, and;
   - 3.9. Remove and dispose of animal waste in a safe and environmentally friendly manner.

4. I understand that if the Certified Service Dog /Therapy Dog exhibits any unprovoked behaviours (i.e. growling, scratching, nipping, biting etc.) at the school, it will be removed until the plan is re-evaluated to ensure the safety of staff, students and visitors.

5. I consent to the sharing of this information with the school community and agree to the notification of students and their families through verbal and/or written communication.

6. I understand that the principal shall preserve the confidentiality of all information received and shall not disclose the information except as provided for in the *Freedom of Information and Protection of Privacy Act*, the *Education Act* or as otherwise required by law. The principal shall use and disclose information with division personnel as may be required for the performance of their duties including sharing information concerning the Certified Service Dog / Therapy Dog with the school community.

7. I acknowledge having received and read Administrative Procedure 109 - Animals Supporting Inclusion.

Signature of Staff Member:			
Date:			
FOR OFFICE USE ONLY:			
Request for Certified Service Dog / Therapy Dog:		Approved:☐	Denied:☐
Signature of Principal:			
Date:			

Cross Reference
Administrative Procedure 109 - Animals Supporting Inclusion

Reference
Freedom of Information and Protection of Privacy Act
Education Act