GUIDELINES FOR THE USE OF PROFESSIONAL THERAPY DOGS

The Role & Purpose of Certified Professional Therapy Dog Teams

Professional School Therapy Dogs certified with their owners/handlers as Certified Assistance Dog Teams provide emotional and physical support in the educational setting. These highly trained dogs model good behavior, tolerance, and acceptance. All Certified Assistance Dog Teams in the Lebanon R-III School District work to support and positively influence student achievement.

I. Professional Therapy Dogs-definition

A. Professional therapy dogs are dogs trained and tested to provide specific physical or therapeutic functions under the direction and control of a qualified handler who works with the dog as a team, and as a part of the handler's occupation or profession.

1. A professional therapy dog has been temperament tested by a trainer affiliated with an organization recognized as qualified to do temperament testing (such as Cares, Inc in Concordia, KS).
   a) Such dogs, with their handlers perform such functions in institutional settings, community-based group settings, or when providing services to specific persons who have disabilities.
   b) Professional therapy dogs in the Lebanon R-III District are not family pets that have been certified as pet therapy animals.

B. Professional therapy dogs have passed a Public Access Test administered by a district-approved trainer/evaluator.

1. Professional therapy dogs are owned by a professional educator in the Lebanon R-III District who wishes to use a professional therapy dog to augment his/her educational program.
   a) See attached Therapy Dog Handler Ethics
   b) See attached documentation requirements (checklist of information) for Certified Assistance Dog Teams in the Lebanon R-III School District.

2. The Lebanon R-III Professional Therapy Dog Oversight Committee may require the Handler/Dog to take a Public Access, as needed.
C. Professional Therapy Dogs may be used in the school setting on a regular basis when the following documentation is in place:

1. **Administrative Approval**
   a) The use of the animal or animals must be approved by the administrator(s) of the building(s) in which the Therapy Dog’s handler works and the Professional Therapy Dog Oversight Committee.
   b) A letter stating this approval should be written and kept on file in the building.

2. **Health Records and Hygiene/Animal Care**
   a) The owner/handler must provide a record of annual vaccinations received by the dog and signed by a veterinarian; these records should be kept on file with the Assistant Superintendent of Curriculum.

3. **Public Access Test Documentation**
   a) A copy of the Public Access Test certificate of completion should be kept on file with the Assistant Superintendent of Curriculum.

D. **Review of Professional School Therapy Dog Guidelines and Procedures:**

1. Professional Therapy Dog guidelines and procedures will be reviewed annually with staff and students at the start of the academic year.
2. Review of the guidelines and procedures will take place as needed (determined by the administrator and dog owner/handler) throughout the year.

II. **Professional Therapy Dog Oversight Committee**

A. A committee of objective persons knowledgeable in the use of therapy dogs is established to help with issues and questions that may arise concerning handlers or dogs.

1. The present members of the committee are:
   a) Counselor and Professional Therapy Dog Handler
      (1) Secondary Level
      (2) Elementary Level
   b) Assistant Superintendent of Personnel
   c) Assistant Superintendent of Curriculum
   d) Local veterinarian (on-call)

2. Concerns should be directed to a district administrator who will address the issues with the Oversight Committee.
B. The purpose of the Oversight Committee will be to:
   1. Approve use of a Professional Therapy Dog within the Lebanon R-III School District.
   2. Provide general assistance with questions and answers pertinent to use of Professional Therapy Dogs within the Lebanon R-III District.
   4. Review Professional Therapy Dog policies, procedures, and guidelines.
   5. Educate and communicate with the school community regarding the use and value of Professional Therapy Dogs.

III. The privilege to bring the dog into the school setting may be terminated should the handler or dog behave in a way deemed unprofessional or unsafe.
PROFESSIONAL THERAPY DOG HANDLER ETHICS

1. Handlers should evaluate their dog’s health and attitude before each working day.

2. It is permissible for the dog to be off-lead while in a supervised situation where it is working but it should not be allowed to wander through the facility unsupervised.

3. Be aware and courteous of the places your dog is welcome or allowed in each facility. Students should be taught to appropriately greet the dog in the hall or other less-structured environments to alleviate disruption of students’ attention and conduct.

4. Handlers will always clean up after the dog, inside and outside the facility.

5. Give verbal commands firmly and calmly and praise the dog for exemplary behavior.

6. Elementary students are NEVER to be left alone with a dog; a designated handler must always be present. Dogs may be left with a non-handler adult for brief periods of time when elementary children are not present/will not have access to the dog. When the dog is left unattended it should be in a room or office with the door closed.

7. No students should be giving treats to dogs.

8. Always be alert to signs of stress in the dog. Some signs of stress may be:
   - Excessive pating
   - Dog jumps or climbs on handler for security
   - Dog hides behind handler
   - Shaking or tremors, or ear and tail pressed closed to body
   - Yawning and changes in facial expression
   - Dog looks for doorway or other escape route
   - Noticeable change in behavior and/or desire to socialize

9. Be aware of small items dropped on the floor and do not allow the dog to rummage through trash containers. Use of the “Leave it”, or similar command, if this situation arises.

10. When working with disabled persons, the handler(s) will assist in commanding and handling the dog.

11. Never knowingly put your dog in questionable or threatening situations.

12. All Lebanon R-III District handlers/trainers will follow the district guidelines to ensure the safety of their dogs and students; in addition, following these guidelines will help provide for the appropriate hygiene and veterinary care for their dogs, ensuring a long and healthy certified Professional Therapy Dog team relationship.
PROFESSIONAL THERAPY DOGS
Checklist of Information in Building and District Office Files

Professional Dog Owner ________________________________________________

Professional Dog Handler(s) _____________________________________________

Professional Therapy Dog _______________________________________________

School(s) in which dog will be used _______________________________________

- Administrative Approval - A signed statement of the building administrator's approval and Professional Therapy Dog Oversight Committee approval for use of the Professional Therapy Dog.

- Health Records - A copy of annual vaccinations and exams signed by the veterinarian. It is expected that all owners will use year-round preventative medication for heartworm and external parasites.

- Public Access Test Documentation - A certificate certifying that the handler and dog both passed the Public Access Test must be provided

- Current Certification Date: ____________________________________________

________________________________________   ________________
Dog Owner's Signature             Date

________________________________________   ________________
Building Administrator's Signature   Date

________________________________________   ________________
Assistant Superintendent of Curriculum Signature   Date
PROFESSIONAL THERAPY DOGS
VITAL INFORMATION

All documentation to be filed in the building(s) in which the Professional Therapy Dog’s owner works and with the District Office. This form should be completed yearly.

Professional Dog Owner _______________________________________________

Professional Dog Handler(s) _____________________________________________

Professional Therapy Dog _______________________________________________

School(s) in which dog will be used ________________________________________

Dog and Handler’s Certification Date _______________________________________

Name of Organization Certifying ___________________________________________

Emergency Contact Person and Phone No. for the Dog

1. _______________________________________________

2. _______________________________________________

Therapy Dog’s Veterinarian and Phone No.

________________________________________

Dog’s Date of Birth ______________ Date of Last Health Check

______________

Annual Worm Check ______________

Rabbies Vaccination Date ___________ Parvo/Distemper Date ________________

☒ Verification that preventive parasite control (fleas and ticks) as well as heartworm medication is given year-round.

_____________________________________________  ______________
Owner’s Signature       Date

_____________________________________________  ______________
Veterinarian’s Signature      Date