

# School Paws for Pioneers Guidelines

School Site: \_\_\_\_\_

Owner/Handler Name: \_\_\_\_\_

Therapy Dog Name: \_\_\_\_\_

Therapy Team Primary Office/Room: \_\_\_\_\_ Phone ext: \_\_\_\_\_

Therapy Team Schedule :

Monday	Tuesday	Wednesday	Thursday	Friday

Expected Areas of Impact: \_\_\_\_\_

(Areas that the team will frequent while completing a typical day's work)

Common Spaces sanctioned "Therapy Team Approved" for all teams.

- Hallways
- Entryway
- Office
- Gym
- Playground

\*\*Please list of all areas/rooms that are deemed OFF LIMITS for all teams:

\_\_\_\_\_

- I have reviewed all permission forms for students under my direct instruction/scope of work.

I agree to comply with the agreed upon work schedule and areas while working at the school site with my therapy dog.

Owner/Handler Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_