



NOR'WESTER THERAPY DOGS

CANINE PARTNERS IN EDUCATION
Teacher Feedback Form

PLEASE TAKE A MOMENT TO GIVE US VALUED FEEDBACK ABOUT YOUR THERAPY DOG TEAM. YOUR INPUT IS GREATLY APPRECIATED. THANK YOU SO MUCH! DEADLINE FOR RETURN TO dglessner2@comcast.net: **June 1st of current school year.**

TEACHER: _____ Date: _____

TEAM (handler's full name and dog name): _____

LOCATION (school, district, grade/class type): _____

Teacher Feedback: VERY IMPORTANT! Please take a few minutes to share **HOW** this program has enhanced your classroom. Give one or two **SPECIFIC INCIDENTS** where the therapy dog team made a difference: _____

(use reverse side for additional space)

On a scale of 3-0 (3 is excellent and 0 is unsatisfactory), please respond to the following:

1. ___ Handler exhibits a neat and professional appearance/demeanor.
2. ___ Dog is always clean and well-groomed.
3. ___ Dog demonstrates a relaxed manner and is receptive to positive interaction.
4. ___ Handler encourages and monitors appropriate interaction between the dog and student(s).
5. ___ Handler is prompt and dependable.
6. ___ Handler complies with teacher direction and does not intrude upon the educational process.

Other comments: _____

I am interested in having a therapy dog team for the _____ school year. (circle one) YES NO

I would like to request my current therapy dog team be assigned to me next year. YES NO

Full name of handler and dog: _____

I am retiring, changing schools, or taking a leave of absence: New School? _____

Effective date: _____ Return date: _____

I would prefer a new team be assigned to me. YES NO

THANK YOU!

Revised March 2018