



Canine Partners
In Education

NOR'WESTER THERAPY DOGS

CANINE PARTNERS IN EDUCATION

www.norwestertherapydogs.org

TEACHER REQUEST FOR A CANINE PARTNER IN EDUCATION

Dear Teachers:

Due to the rapidly increasing size of **Nor'wester Therapy Dogs** and the high demand for therapy dogs in classrooms, we are adopting a new method for accepting requests for a therapy dog team. Any teacher interested in being a host for a therapy dog should understand that the dogs are not classroom pets or mascots; they are **WORKING** dogs, and their handlers are facilitators for optimum and appropriate interaction between dog and child.

We look for teachers who are willing to make a serious and creative commitment to using the therapy dog team to enhance their instruction and the classroom learning environment. The best host teachers effectively weave the presence of the therapy dog team into their curricular lesson plans, which ultimately increases the impact upon the learning process. The greatest impact has been observed in classrooms where the therapy dog team visits weekly.

The **Nor'wester Therapy Dogs** program started as a reading program and quickly progressed to include writing and speaking. As the program has evolved, we have realized that there are many ways dogs can be used to enhance the learning environment, to increase motivation, and to develop student confidence. Thus our program has grown to be a true learning program.

If you are interested in requesting a therapy dog for the upcoming school year, please complete the application form and return to Debbie Glessner. Placements will be filled where the need is determined greatest and based on the availability of a suitable therapy dog team.

Applications for a therapy dog team can be submitted at any time. No teams are placed after April 1st of any school year. Teachers interested in having a therapy dog for an upcoming school year are encouraged to submit their request by July 1st of that year.

We thank you for your enthusiasm and interest in the **Nor'wester Therapy Dog program**.
Thank you!

Sincerely,
Executive Directors:
Debbie Glessner
Wendi Huttner

TEACHER REQUEST FOR NOR'WESTER THERAPY DOG PLACEMENT

Teacher Name: (PLEASE PRINT) _____ Date: _____

School District: _____

School Name: _____

School Address: _____

School Principal: (PLEASE PRINT) _____

Grade: _____

Type of Class: (i.e. regular ed, inclusion, resource room, multiple disabilities, emotional support, etc.) _____

Teacher Phone Number: _____

Teacher Email: _____

How do you envision using a canine assisted learning dog in your teaching? Use the reverse side if necessary.

If you have or have had a Nor'wester Therapy Dog, please tell us the names of the handler and the dog. _____

Principal's signature: _____ Date: _____

Teacher signature: _____ Date: _____

Thank you!

PLEASE RETURN THE COMPLETED FORM TO:

Debbie Glessner (via email) Dglessner2@comcast.net

Or: 234 New Rd.

Churchville, PA 18966