



# 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@gmail.com: June 1<sup>st</sup> 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 INCIDENCES** 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 or taking a leave of absence: Effective date: \_\_\_\_\_ Return date: \_\_\_\_\_

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

**THANK YOU!**  
Revised October 2021