

II: School and Personal Information

Name of School:

Address:

DBN:

Grades Served:

Name of principal:

Comfort Dog Team:

Name	Comfort Dog Team Role	School Position	DOE email

Dog:

Name of dog:

Age=

Breed:

Name of certifying therapy dog organization:

Date:

III: School Overview

- Grades served:
- Number of staffs:
- Number of students (broken down by grade):
- Demographics(such as percentage of STH students, students eligible for free lunch; percentage of special education students):
 - STH=
 - Free lunch =
 - Spec. Ed=
- Physical layout of your school building, noting areas used by co-located schools (including charter schools) and other programs:

IV: Program Proposal

Applicant schools must conduct a need assessment to identify target groups who will benefit from the program. Based on these findings, please identify:

- a) Your school's vision for implementing the Comfort Dog program:

- b) Your specific and measurable instructional goals and objectives for the program;

- c) Student groups, grades, programs or classes that will participate in the program;

- d) The specific types of interventions your school hopes to implement based on the four AAI models included in program requirements;

2. Applicant schools must demonstrate that they can effectively implement the program. As such, please identify:

- a) How your school will track and assess the effectiveness of the program (subjective, objective, measurable activities and outcomes during specific interventions);

- b) How your school will communicate program rules, goals and objectives with your staff, students and parents;

- c) How your school will accommodate students and staff that are allergic to or otherwise cannot interact or be present with the dog at any given time;

- d) How your school will ensure that staff education requirements are implemented.

3. Create and attach a detailed draft scheduler that adheres to the program requirements. The schedule should include the type of intervention, its objective, location, and the comfort dog team member who will facilitate the intervention.

	Monday	Tuesday	Wednesday	Thursday	Friday
--	--------	---------	-----------	----------	--------

Period 1					
Period 2					
Period 3					
Period 4					
Period 5					
Period 6					
Period 7					

4. Provide a draft budget describing how your school will set aside funding to meet the program requirements and dog's expenses (e.g., food,crate,leashes and other purchases necessary to meet these program requirements and the school's program plan). If any portion of the budget or requirements are being met by donation, please specify.

Budget for 2021-2022: