

Public Schools Branch

SERVICE DOG MANAGEMENT PLAN

Student: _____ Date: _____

Name of dog: _____ School/Site: _____

The purpose of the Service Dog Management Plan is to identify:

1. the needs of the service dog while at school or at school activities;
2. any areas where the child requires assistance to handle and/or meet the needs of the service dog; and
3. the person(s) who will act as the Service Dog Support Person, if needed.

Identifying the Needs of the Service Dog at School

Water/Food:

Bladder/Bowel Relief:

Rest periods from "work":

Additional needs/considerations:

Service Dog Support Person

Does your child require a support person to assist with handling or meeting the needs of the service dog while at school? Yes No

Please explain:

Identified Service Dog Support Person(s): (if required)

Name: _____ Position/Relationship to student: _____

Name: _____ Position/Relationship to student: _____

Identified plan for student when the Service Dog Support Person is not available at school:

Signature of Parent/Guardian: _____	_____ Date
Signature of Service Dog Support Person _____	_____
Signature of Service Dog Support Person _____	_____ Date
Signature of Principal _____	_____ Date