

FORM 332-02

MANAGEMENT PLAN FOR CARE OF GUIDE DOG/SERVICE ANIMAL

Name of Student:

Date of Birth:

Ontario Education Number:

School Year:

Name of Certified Service Dog:

Trained Handler or Designate: (not school staff)

Note: The following responsibilities must be handled by the student, trained handler, or designate in the same manner as at home.

Water Needs: (e.g., provision of water bowl, procedures for use, cleaning, etc.)

Bladder/Bowel Needs of Service Dog: (e.g. frequency, location, disposal, etc.)

Other Considerations:

1. Rest periods away from work:
2. Hot weather:
3. Winter weather:
4. Other:

Signature of Parent/Guardian

Date:

Signature of Principal:

Date:

Original to OSR
Copy to parent/guardian