

# Rainbow Animal Assisted Therapy, Inc.

## REQUEST FOR PROGRAM



Thank you for your interest in Rainbow Animal Assisted Therapy. Please review the following information and select which type of program—a presentation or an animal assisted therapy program you are interested in for your organization.

**PRESENTATION/DEMO:** This is a demonstration lasting one hour or less by one or more dog-handler teams that includes a short discussion of animal assisted therapy, demonstration of special tricks and/or skills by the dogs, a short question and answer period, and discussion of safety. Donations are requested.

**THERAPY PROGRAMS:** This is an ongoing program over several weeks consisting of 30-60 minute sessions with a group of participants. These sessions are designed to meet the therapeutic goals of each individual or group. Participants engage in a variety of activities with the dogs, either individually or in small groups, that motivate them to achieve goals.

**DOG SAFETY PROGRAM:** This 30-60 minute program is aimed at the prevention of dog bites. It is suitable for classrooms and/or assemblies and targets children in kindergarten through fourth grade.

**SPEAKER:** A speaker, accompanied by a registered therapy dog, will give a one hour or less program ,discussing animal assisted therapy and include a short question and answer period and a demonstration of special tricks and/or skills by the dog. Donations are requested.

**READ TO THE DOG PROGRAM:** This program, in conjunction with many libraries throughout Chicago and its suburbs, provides children the opportunity to read aloud to a willing, attentive and non-judgmental therapy dog. There is no risk of being embarrassed when the child mispronounces a word, reads at a slow speed or shows a lack of comprehension.

**PLEASE FILL IN THIS FORM AND RETURN TO: Rainbow AAT, Susan Burrows, 643 Concord Way, Prospect Heights, IL 60070 or scan and email to rainbowprog1@ameritech.net**

**NAME OF ORGANIZATION:**

**ADDRESS:**

**CITY, STATE, ZIP:**

**LOCATION/ADDRESS OF FACILITY WHERE PROGRAM WILL BE HELD:**

**TELEPHONE:**

**FAX:**

**EMAIL:**

**AGE OF PARTICIPANTS:**

**GROUP SIZE:**

**CONTACT PERSON:**

**POSITION:**

**NOTE:** We require that a representative, 21 years or older, from your facility be present during all therapy sessions.

**TYPE OF PROGRAM REQUEST:**  PRESENTATION  DEMO THERAPY DOG PROGRAM  DOG SAFETY PROGRAM  
 SPEAKER  READ TO THE DOG PROGRAM

**FOR THERAPY PROGRAMS ONLY:** No. of weeks

**REQUESTED DATES:** *Please note that the optimal length of a therapy session is 60 minutes to avoid stress for the dogs.*

**DAY OF WEEK PREFERENCE: (please circle ALL possible days)** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**TIME PREFERENCE: (please circle ALL possible times)** 9am 10am 11am 1pm 2pm Other

**ROOM NO. PRESENTATION/PROGRAM WILL BE HELD:**

**ROOM SIZE:**

**FLOOR SURFACE:**

**DESCRIBE PARTICIPANT'S ABILITIES AND DISABILITIES:**

**SESSION FEE: \$\_\_\_\_\_** (please make checks payable to Rainbow AAT and mail to: Rainbow AAT, 6042 W. Oakton St., Morton Grove, IL 60053)

**SIGNATURE:**

**DATE:**

**PLEASE DESCRIBE BELOW THE ACTIVITIES YOU MAY WANT**

**1. MOTOR SKILLS:** (i.e. pushing wheelchair, walking on crutches, reaching, grasping, throwing, etc.)

**2. BEHAVIORAL/SOCIAL SKILLS:** (i.e. sharing, good manners, teamwork, taking turns, listening, self-control, etc.)

**3. SELF-HELP SKILLS:** (i.e. dressing, eating, holding, etc.)

**4. LANGUAGE SKILLS:** (i.e. commands, sentences, words, counting, learning names, etc.)

**5. COGNITIVE SKILLS:** (i.e. understanding commands, teaching new tricks, etc.)

**6. MEMORY/ATTENTION SKILLS:** (i.e. waiting turns, numbers, remembering dog names, etc.)

**7. VISUAL SKILLS:** (i.e. watching dogs, meeting new dogs, etc.)

**8. RESPONSIBILITY/SELF CONFIDENCE SKILLS:** (i.e. problem solving, etc.)

**COMMENTS:**

**IMPORTANT INFORMATION ABOUT OUR PROGRAMS**

- We require that a representative, 21 years or older, from your facility be present during all therapy sessions.
- In order to maintain the confidentiality of this program's participants, no pictures, videos or written materials will be allowed without specific written permission from the facility Program Coordinator and the Rainbow Board of Directors. All such material becomes the shared property of Rainbow Animal Assisted Therapy, Inc. and the Facility.
- All sessions are conducted by volunteer members of Rainbow Animal Assisted Therapy with their registered therapy dogs.
- Programs are designed to incorporate activities to meet specific goals including increasing motor, behavioral and verbal skills, building self esteem and self confidence.
- Rainbow therapy dogs meet nationally recognized standards for temperament and behavior. In order to maintain membership and the ability to work programs, yearly re-evaluations are required for each therapy team. Dogs must have annual veterinary health exams and vaccinations.
- If this Facility is experiencing any forms of communicable disease, the Facility will contact the Rainbow program chairperson prior to any scheduled program visit in order to prevent the spread of infection to any Rainbow Animal Assisted therapy, Inc. member or their dog. Visits will resume at a time to be determined by Rainbow Animal Assisted Therapy, Inc. and the Facility. This Facility must inform all Rainbow Animal Assisted Therapy, Inc. members and dog teams of all control measure enforced by this Facility to prevent the spread of infection.
- Rainbow is a not-for-profit volunteer organization which is supported by donations. Your voluntary sponsorship will be greatly appreciated.

**\*\*\* Rainbow Therapy teams receive extensive training and follow strict protocols while working in a facility. As such, we do not visit facilities where other therapy organizations are working. Any changes to this policy must be agreed to by Rainbow's Board of Directors. \*\*\***