SERVICE ANIMAL ACCESS REQUEST CHECKLIST

School:	_ Student:	Grade:
Teacher:	Building:	
Date of Request:	Proposed Start Date:	
 Is the service animal required bec What work or tasks has the service 	•	No form?
3. Does the service animal have a ha 4. If yes, what is the Handler's Name	e:	
5. What is the Handler's Address/Co	mact information: (including	phone)
6. Has the handler (if not the student all employees of the school system (fingerprinting/background check	n and been cleared for worki	
Please note that service animals must regulations. In addition, service animals healthcare (flea/tick prevention).		
Proof attached? Yes	No	
Other relevant information:		
Person making this request:	Relationsh	nip to Student:

SERVICE ANIMAL ACCESS REQUEST- For District Use Only

- A. Does the student have an IEP or a Section 504 Accommodation Plan? Yes No
 - a. If yes, has this request been referred to the appropriate team/committee for review and consideration as part of the student's accommodations? Yes No
- B. Did the Applicant attach proof of the service animal's license/registration as required by town/county requirements? Yes No
- C. Did the Applicant attach proof of the service animal's current vaccination and preventive care? Yes No
- D. Who is the service animal's handler?
 - a. Student Other handler
 - b. If handler is someone other than the student- need to ensure appropriate background check is completed.
- E. Review of Service Animal qualifications:
 - a. Does the animal meet the definition of "service animal" under federal and state law and district policy and procedures? Yes No
 - b. Does the service animal perform work or a task for the student that is directly related to the student's recognized disability? Yes No
 - c. Is the service animal under the handler's control?
 - d. Is the service animal housebroken?

Adopted: March 3, 2020