SERVICE ANIMAL ACCESS REQUEST CHECKLIST

School: ___________________________ Student: ___________________________ Grade: ________

Teacher: ___________________________ Building: ___________________________

Date of Request: ____________________ Proposed Start Date: ____________________

1. Is the service animal required because of a disability?  Yes  No
2. What work or tasks has the service animal been trained to perform?
   ________________________________________________________________
   ________________________________________________________________

3. Does the service animal have a handler other than the student?  Yes  No
4. If yes, what is the Handler’s Name: ________________________________
5. What is the Handler’s Address/Contact information: (including phone)
   ________________________________________________________________
   ________________________________________________________________

6. Has the handler (if not the student) undergone the necessary background check as required by all employees of the school system and been cleared for working in the school? (fingerprinting/background check)  Yes  No

Please note that service animals must be licensed in accordance with local city and county regulations. In addition, service animals must have proof of current vaccination and preventive healthcare (flea/tick prevention).

Proof attached?  Yes  No

Other relevant information: ____________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Person making this request: ___________________________ Relationship to Student: ___________

Please submit completed request to the Building Administrator for processing.
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