



Dear Parents/Guardians:

_____ School/Library will be participating in the **Special Spaniels Therapy Dogs Reading Program** on _____. This program is dedicated to improving the reading skills of children using registered dog therapy teams as literacy mentors. Handlers and their dogs will work with children during set dates and times on a group basis for approximately 30-45 minutes. There is no charge for this program. The dogs and their handlers have undergone training to do animal-assisted therapy.

Participation in this program will not start until we receive your written permission. You also have the right to refuse participation in this program. Should you have any other questions, concerns or comments, please call the school/library office or Special Spaniels Therapy Dogs at 219-671-9581 and someone will be happy to assist you.

Please sign below and have your child bring it to the school/facility

I **DO** give permission for my child, to participate in the **Special Spaniels Reading Program** at School/Library on _____.

Parent Signature

I **DO NOT** give permission for my child, to participate in the **Special Spaniels Reading Program** at School/Library on _____.

Parent Signature