



# RAINBOW

ANIMAL ASSISTED THERAPY

— they train. they serve. they heal. —

Internship Program: \_\_\_\_\_  
 Dates of sessions worked \_\_\_\_\_  
 Name (handler and dog) \_\_\_\_\_

Skill #	Date Completed	Therapy Skills/Techniques
1		Positioning to participants: backup, forward, working on left, working on right
2		Greeting participants (1) asking permission to pet dog (2) extend fist or "stop" hand
3		Dog is friendly with participants (tail wagging) and enjoys petting
4		Dog is well behaved, no licking or mouthing participant's hands/clothing
5		Walking with participants
6		Walking with participants in wheelchairs, walkers etc.
7		Working dog on both sides: left and right
8		Dog works for participants
		<b>DOG SAFETY</b>
9		Protecting dog from participants by using safe working techniques
10		Protecting dog from participants – no face to face, no hugs or kisses
11		Not tolerating bad behavior from participants that might endanger dog such as kicking, pulling, acting wild
12		Understands importance of leaving adequate space between participants
13		Maintains three-foot rule between dogs on a consistent basis
14		Conducts Rainbow Greeting with all dogs before each session
		<b>LEASH/HANDLING TECHNIQUES</b>
15		Dog under control at all times
16		Uses loose leash at all times
17		No pulling – walks calmly without straining on leash
18		No barking
19		No jumping – keeps all four paws on ground
		<b>ACOMPLISHING GOALS THROUGH VARIOUS THERAPY ACTIVITIES</b>
20		Demonstrates using various therapy activities to meet needs of participants (same activity, different goals met)
21		Understands all therapy skills/activities can be used as therapy skills/activities
22		Can plan/use activities to fulfill goals
23		Demonstrates flexibility in preparing for sessions

		<b>DOG APPREHENSION</b>
24		Recognizing and acknowledging participants with fear of dog issues
25		Asking permission and correct approach to a fearful participant
26		Understands walking techniques with fearful participants (handler between dog and participant), using extended leashes. Refer to Fear Guidelines for techniques and approach.
27		Has interactive options with activities
28		Treat giving alternatives
<b>YES</b>	<b>NO</b>	<b>MOVING OUT OF INTERNSHIP (check all that apply)</b>
		Would benefit from interning in another program
		Is ready for program placement
		Fits the needs of this program – would like to keep as a working team
		Have no opening in this program at this time

<b>TYPE OF PROGRAM INTERNEED IN</b>		
<b>Age of Participants</b>	<b>Activity Level</b>	<b>Skill Level</b>
<b>Team best suited for: (check all that apply)</b>		
<input type="checkbox"/> Pre School <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Adult		
<b>Activity Level (check all that apply)</b>		
<input type="checkbox"/> High activity <input type="checkbox"/> Moderate activity <input type="checkbox"/> Quiet		
<b>Skill Level (Therapy activities that dog is able to do with participants)</b>		
<input type="checkbox"/> Few 1-5 <input type="checkbox"/> Basic 6-12 <input type="checkbox"/> Advanced 12-20 <input type="checkbox"/> Many, innovative 20+		
<b>Strong points of team:</b>		
<b>Areas for improvement:</b>		
<b>Additional Comments or Recommendations:</b>		

Please return this form to Susan Burrows at [rainbowprog1@ameritech.net](mailto:rainbowprog1@ameritech.net)