

WITH DOG OBSERVATION FORM



HANDLER: _____ **DOG NAME & BREED:** _____ New applicant Current

OBSERVER: _____ **OBSERVATION NO.** (circle) **1 2 3** **DATE:** _____

PROGRAM: _____ **TYPE:** Quiet/calm Moderately Active Active

****** TO TEAM OBSERVER**** PLEASE FILL OUT FORM AND MAIL OR SCAN/EMAIL PROMPTLY TO:**
 Alicia Goldberg, 8607 Frontage Rd., Skokie, IL 60077 AliMarie3@gmail.com

1. VISIT PREPARATION

- Y N On time with observation form
- Y N Handler dressed appropriately
- Y N Dog clean and well groomed

Proper equipment

- Y N Short leash (4 or 6 ft.)
- Y N Extra leash for participant
- Y N Water dish
- Y N Treats (if used)
- Y N Equipment for therapy activities

4. THERAPY SKILLS EXHIBITED

(Circle all that apply)

- Y N N/A Walk with participant
- Y N N/A Walk with wheelchair
- Y N N/A Petting
- Y N N/A Brushing
- Y N N/A Climb on chair to sit by participant
- Y N N/A Take treats gently from participant with flat hand

List other games, therapy activities: _____

2. HANDLER'S DEMEANOR

- Y N Follows chairperson's direction
- Y N Handler is encouraging & positive
- Y N Interacts appropriately with participants both in actions and in conversation
- Y N Works cooperatively with other teams
- Y N Understands role in relationship to staff
- Y N Nervous
- Y N Attentive to dog at all times
- Y N Aware of surroundings

5. TEAM'S WORKING TECHNIQUES

- Y N Executes Rainbow Greeting properly
- Y N Follows Rainbow's procedures/protocols
- Y N Exhibits proper leash techniques
- Y N Tight Leash Y N Dog pulls
- Y N Handler drops leash Y N Dog always on leash
- Y N Dog always under control
- Y N Ensures 3 ft space from other teams
- Y N Handler exhibits safe working techniques:
 - _____ Protects dog from participants
 - _____ Protects participants from dog
 - _____ Protects dog from other dogs

3. DOG'S DEMEANOR

- Y N Friendly/Eager to work
- Y N Relaxed/Cooperative
- Y N Attentive to handler
- Y N Dog responds to corrections/direction
- Y N Interacts with participants
- Y N Follows participants' commands
- Y N Overly excited/jumps on people
- Y N Settles on Command
- Y N Tired/Inattentive
- Y N Barks
- Y N Drools
- Y N Excessive licking
- Y N Problem with other teams
 - _____ Distracted _____ Visits
 - _____ Wants ball/toys of other dogs
 - _____ Reactive behavior to other dogs/ growls
- Y N Exhibits signs of stress:
Describe: _____

6. OVERALL IMPRESSION OF TEAM

- _____ Well on their way to being a good team
- _____ Is developing a good team
- _____ Should not be working in programs at this time (please contact Carol Schuster immediately if this is your impression at 847-946-1776.)

7. OBSERVER: FILL OUT IF APPLICABLE

Sudden Noise:

- ___ Not bothered
- ___ Distracted
- ___ Startled/barks
- ___ Other _____

Approach from behind:

- ___ Not bothered
- ___ Distracted
- ___ Startled/barks
- ___ Other _____

8. ON SCALE OF 1-5 (WITH 5 THE HIGHEST AND 1 THE LOWEST) PLEASE RATE THE FOLLOWING:

- New applicant's handling skills: 1 2 3 4 5
- Handler's interactions with participants: 1 2 3 4 5
- Handler's overall demeanor working program: 1 2 3 4 5
- Tight Leash/Pulling _____ % of time working
- Dog's temperament: 1 2 3 4 5
- Dog's willingness to work for participants: 1 2 3 4 5
- Dog's overall demeanor in the program: 1 2 3 4 5
- **Recommend what type of program:**

STRONG POINTS OF TEAM (handler & dog) Please be specific.

AREAS FOR IMPROVEMENT: _____

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