

St Andrews Public School

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A.B.N.: 21 949 813 615 Principal: Mr Richard Batty

Thursday 4th March, 2021

89 Ballantrae Drive ST ANDREWS NSW 2566

Therapy Dog Program

Dear Parent/s and Carer/s,

St Andrews Public School has the opportunity to have a therapy dog work with the students across all our classes. Research has shown that, 'Therapy dogs give support to people on a range of different levels. Physical benefits - interaction with a therapy dog has been shown to: reduce blood pressure; provide tactile stimulation; assist with pain management; provide motivation to engage in physical activity; and stimulate the senses. Dogs can also teach responsibility, compassion, and respect for other living things. Dogs in the classroom can be used to calm fears, relieve anxiety, and teach skills.'

We are very excited to have a Therapy Dog as part of the St Andrews PS Community. The Therapy Dog program is aligned with the Department of Education policy and is separate from the 'No Dogs in Schools' Policy.

The dog is a 6 year old Border Collie named "Bregirl" who is owned by Ms Bond. Bregirl will be a certified Therapy Dog. A Therapy Dog will provide a non judgemental face for students at school. Bregirl receives constant grooming ,however, she may shed hair. She will be trained over a number of months before full integration. In Term 2, as a part of her training, Bregirl will visit two classes a fortnight as part of her training. All students will be involved in lessons to learn appropriate procedures around Bregirl because she is not a pet but a certified Therapy Dog while at school.

Please fill out the slip below if you do not wish for your child to participate in this program and return to the school office by Friday 19th March. If this is not received by Friday 19th March, it is assumed that you give permission for your child to participate in this program.

PLEASE RETURN TO THE SCHOOL OFFICE BY FRIDAY 19th MARCH IF YOU DO NOT GIVE PERMISSION FOR YOUR CHILD TO BE INVOLVED IN THE THERAPY DOG PROGRAM.

I do n	BE INVOLVED IN THE THERAPY DOG PROGRAM. ot give permission for my child,	, of class	to
participate in the 'Therapy Dog Prog	, ,	<u></u>	
(Please tick relevant statement) My child is allergic to dogs.	☐ My child is afraid of dogs. ☐ Other:		
Signature:	Date:		
	Children. First and Foremost		