Evaluation of Therapy Dogs Visiting Health Care Facilities

St. John Ambulance is a national, voluntary agency. Our mission is to enable Canadians to improve their health, safety and quality of life by providing training and community service. We try to offer the most reliable community health care services. Please take a moment to let us know how you feel about having our Therapy Dog Program in your facility. (Attach sheet if more space is needed).

Section A: About the Volunteer

In your opinion, does the volunteer present a professional image?	yes ❑	no ❑
Is the volunteer polite and courteous?	yes ❑	no ❑
Does the volunteer respect the client's/patient's privacy?	yes ❑	no ❑
Does the volunteer visit regularly?	yes ❑	no ❑

Section B: About the Dog

In your opinion, does the dog appear to exhibit good temperament while visiting in your facility?	yes ❑	no ❑
Does the dog appear well groomed?	yes ❑	no ❑
Is the dog on a leash?	yes ❑	no ❑
Does the dog appear to be controlled at all times?	yes ❑	no ❑
Does the dog appear to enjoy the visits?	yes ❑	no ❑

Section C: About the Coordination

Do you consider the visits well coordinated?	yes ❑	no ❑
Is your local Therapy Dog Coordinator responsive to your Client's / facility's needs?	yes ❑	no ❑

(over)

Section D: General

Do you feel the Therapy Dog Program is beneficial to your clients?	yes ❑	no ❑
Is the program well received by your clients?	yes ❑	no ❑
Is the program well received by facility staff members?	yes ❑	no ❑
Do you wish the volunteer and dog to continue visiting?	yes ❑	no ❑
Would you recommend the program to other facilities?	yes ❑	no ❑

Section E: Comments (Suggestions and/or improvements are most welcomed. Also use this section to clarify negative responses to previous questions. Thank you.)

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_____

_____

_____ _____

(Name *please print*) (Position)

_____ _____

(Facility) (Date)

Please return this form to:

THANK YOU VERY MUCH. YOUR OPINIONS WILL HELP US BETTER SERVE OUR COMMUNITIES.

PRIVACY STATEMENT

St. John Ambulance respects the information of its volunteers and event sponsors. This information you have provided will be used is used for post-visitation evaluation, outcome measures and repeat follow-up. We may contact you from time to time to update our records and/or ensure the accuracy of the information. The personal information you provide will not be shared or disclosed without your prior written consent. Should you have any questions regarding St. John Ambulance's privacy policy, you may view our policy online at www.sja.ca or contact the Privacy Officer at your respective Provincial/Territorial St. John Ambulance Office.