

THERAPY DOGS INCORPORATED TEST EVALUATION

****This form must be included in your application packet.****

Thank you for applying to Therapy Dogs Incorporated (TDInc.). We hope you find visiting with your dog a rewarding and fulfilling activity!

Please help us maintain the integrity and quality of the therapy program by answering the questions below. Use comments when possible.

1. How long did it take from the time you requested a TDInc. Test from a Tester/Observer (T/O) until you were actually tested? Please disregard times that were unavoidable. (vacations, bad weather, etc.)
2. Did the T/O review the TDInc. rules and guidelines with you? Did the T/O answer any questions you had concerning the rules?
3. Were the exercises on the handling portion of the test explained clearly before being tested?
4. Were you and your dog tested (the T/O or helper handled your dog, watched you walk your dog on leash, did the rush by exercises, etc.) before entering a facility and interacting with residents?
5. Did you feel that the test dog used in the canine to canine exercise behaved appropriately? (non confrontational to the dogs being tested)
6. Were you tested in the facility where you did your first observation? If so, were residents used to interact with the dogs being tested?
7. Did you feel you and your dog were in a safe environment during the TDInc. Test?
8. Were any elements other than those listed on the TDInc. Test incorporated into your test?
9. Was any other organization's test given at the same time that the TDInc. Test was administered? (CGC, for example)
10. Was the T/O who signed your test and each observation present during that activity?
11. Do you know that you may make visits on your own, as soon as you receive your registration card and TDInc. tag?

12. Do you know that you do not have to join a local group or local facility program to visit as a member of TDInc.?
13. Did the T/O invite you to join a local group? If so, did the T/O also tell you that you may be an independent TDInc. member if you choose, and that you may visit any facility that will give you permission to do so?
14. On a scale of 1 to 5, with 5 being the best, how would you rate your testing experience?

Thank you for helping us to evaluate our testing process.

Thank you for sharing smiles and joy!

Name _____