



TAU Session Reflection

Note: In compliance with HIPPA laws and general confidentiality, please do not include any client's name on this report for your records and TAU's records. Please ensure that the staff at the facility have a record of all clients you and your Pet Partner visited. Please mail or e-mail a copy of this report to the address above or director@therapyanimalsutah.org

Date:	
Name of TAU Handler & Animal:	
Name of Facility:	# times per month you visit
Name of Staff Member present:	
Total number of participants, including Staff, Visitors and Client:	Clients: Visitors: Staff:
Total time spent at facility:	
Total amount of AAA/AAT time:	
1. What went well?	
2. What could have gone better? Do you need help with anything?	
3. What did you learn?	
4. How did your animal teammate react during the session?	

Staff Signature

Handler Signature

Pet Partners #:

Exp. date: