

Reading Buddy
Teacher Sign-up Sheet

Teacher Name:_____

Grade:_____

_____ Yes, I would like to participate in the Reading Buddy Program.

_____ No, I am not interested at this time.

Please list your preferences for the day and time in which you would like your volunteers to come. (Please use 30 minute time segments or a larger block of time from which I can pick 30 minutes.)

1st choice Day_____ Time_____

2nd choice Day_____ Time_____

3rd Choice Day_____ Time_____

Any special requests or comments…
(Do you know someone that might be interested in being a RB?)

Please return this form to the Reading Buddy Box (in teacher lounge) by Tuesday, Sept.6.

I will meet with the Reading Buddies on Thursday, September 22.The names of the RB's and their schedule with you will be in your mailbox by Fri, Sept. 23. The first week of Reading Buddies is set for September 26-30.
Thanks!!

Brenda Paul, your friendly RB Coordinator ☺



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