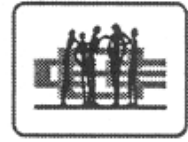




CALGARY READS
SCHOOL APPLICATION



Calgary Board of Education

School Name: _____

Address: _____ **P.Code** _____

Phone: _____ **Fax:** _____

Email: _____

Principal's Name: _____

Calgary Reads Teacher Coordinator: _____

Teacher's Names:

Grade 1: _____

Grade 2: _____

Grade 3: _____

Resource Teacher: _____

Literacy Site Coordinator: _____

1. Do you have a current source of volunteers (i.e. parents, etc.)? If so, how many and from where?

2. Please identify potential sources of volunteers that are located near your school; (i.e. Seniors' Centres, Churches, Junior High or High School).

3. Do you have any current School Business Partners? Please list:

Name of Organization:	Name of Organization:
Address:	Address:
Phone: Fax:	Phone: Fax:
Contact Person:	Contact Person:

4. Do you currently have an Early Reading Intervention or Reading Recovery program operating in the school?

5. Where in the school will the volunteers be working? (i.e. library, vacant classrooms, etc.)

6. Do you have the funds (approximately \$1,500) to support the program? _____
(\$1,000 Books, \$300 tutor tubs and student supplies, \$200 Tutor support & appreciation)

7. What have you identified, in general terms, as the main challenges to literacy in your school?

8. Please attach a copy of your school improvement plan, and/or a letter highlighting your school's current literacy initiatives. Outline a plan of action and timeline for starting the Calgary Reads program in your school.

Please complete this application and return it to:

Calgary Reads
c/o Valley View School
4105 – 26 Ave. SE, T2B 0C6
Phone: 403-777-8254
Fax: 403- 777-8239
email: info@calgaryreads.com