



K-9 KIDS READING PROGRAM APPLICATION

Canine Assistants

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Date: _____

School: _____

Principal: _____

School address (including street name, city, state, zip code and county):

Contact teacher's name: _____

Contact teacher's title: _____

Contact teacher's e-mail address: _____

School phone number: _____

Secondary phone number: _____
(Please describe, i.e. school, mobile, etc.)

Whenever possible, K-9 Kids meets on a weekly basis, usually at the same day and time. Please list three day and time preferences for the reading sessions. Each visit will last approximately 1 hour.

1. _____

2. _____

3. _____



If a weekly visit cannot be scheduled, would you be willing to schedule bi-weekly, monthly or as available visits? Yes No (circle one)

K-9 Kids can usually accommodate 7 to 8 students (reading individually) per volunteer per visit. How many students will be participating?

In what grade(s) are the students?

We prefer to hold reading sessions in a reading corner of the contact teacher's classroom or other suitable location with direct access to a teacher or assistant. Will this be possible? Yes No (circle one)

If no, please explain: _____

Please describe how you will monitor the students' progress during the program. _____

K-9 Kids applications are accepted throughout the year yet we prefer to start reading sessions at the beginning of each school year (usually in October). Scheduling is started in late spring and finalized in late summer. Every effort is made to add new schools to the K-9 Kids schedule prior to the start of reading sessions whenever possible. Participation is simply dependant on availability of representatives (most of whom are volunteers) to visit each school.



In the event that a representative is not available to visit your school for the upcoming school year, would you like to remain on the waiting list for the following year? Yes No (circle one)

Teacher's Signature

Date_____

Principal's Signature

Date_____

Please return this completed form to:
Melissa J. Loree, D.V.M.
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