

ACCELERATED READER VOLUNTEER FORM

AR (Accelerated Reader) is an important program which helps students' reading comprehension through engaging books. This program works thanks to many parent volunteers. Parents are asked to assist in the library with AR testing and reward giving. If you have an interest in working with your child's class or any other class, please complete the form below and indicate your availability. The more volunteers the easier the work! There are two AR orientations, September 5, 2017 at 10am or September 8 at noon, and we ask that you please attend one. It is **mandatory for new volunteers** to either attend one of the meetings or set up an orientation at a more convenient time for you. For any questions please contact Dawn at 412-983-5417 or jdormire@comcast.net. All parent volunteers are required to have clearances. If you need forms to get clearances please see the PT website for links and directions.

**PLEASE RETURN FORM TO MRS. SOCRATES/AR BY THURSDAY
SEPTEMBER 7, 2017.**

Please check or circle the times you can help .

<p>MONDAY</p> <p>KEEFER 10:35-11:05 _____</p> <p>HOFFMAN 11:05-11:35 _____</p> <p>MILLER 1:45-2:15 _____</p> <p>HOHMAN 2:50-3:20 _____</p>	<p>TUESDAY</p> <p>LEYDIG 9:15-9:45 _____</p> <p>SCAVINCKY 2:15-2:45 _____</p> <p>PRATT 2:45-3:15 _____</p> <p>WEDNESDAY</p> <p>SIMPSON 10:35-11:05 _____</p> <p>SMITH 11:05-11:35 _____</p> <p>KEILBACH 2:45-3:15 _____</p>	<p>FRIDAY-PM</p> <p>B.SMYDA 9:05-9:35 _____</p> <p>VAIA 9:35-10:05 _____</p> <p>LATHOM 10:05-10:35 _____</p> <p>MASTROIANNI 10:35-11:05 _____</p> <p>LANTZ 11:05-11:35 _____</p>
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I will attend the orientation meeting on (please circle one): Sept. 5th at 10am Sept. 8th at noon
_____ I am unable to attend the orientation meeting and will contact Dawn at jdormire@comcast.net to set up an alternate meeting date/time.

_____ I have my clearances on file at the school.
_____ I do not have current clearances. Please see the PT website.
_____ I am willing to be on the substitute list for (day of week/time) _____

NAME _____

HOME PHONE _____ CELL _____ TEXT ____ YES ____ NO?

CHILD'S NAME (S) _____

GRADE/TEACHER _____

E-MAIL _____

PLEASE PRINT CLEARLY.
MOST CORRESPONDENCE WILL BE THROUGH E-MAIL.
RETURN FORM BY THURSDAY, SEPT. 7, 2017
ATTN MRS SOCRATES/AR