



K-9 KIDS READING PROGRAM APPLICATION

Date: _____

School: _____

Principal: _____

School address: _____

Teacher's name: _____

Teacher's title: _____

Phone number: _____

Fax number: _____

E-mail address: _____

What date would you like for the K-9 Kids Program to start?

How long will the program run? _____

Please list three day and time preferences for the weekly visits. Each visit will last approximately 2 hours.

1. _____

2. _____

3. _____

How many students will be participating? _____

Are the students in the first grade? _____

Will you be able to administer standardized tests prior to and at the completion of the program to track the students' progress? _____

If so, which tests will you use? _____

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

Will you utilize the consent forms, questionnaires, and reading charts provided or your own? If you will be using your own forms, please provide examples of each.

How will the parents be involved in the program?

Teacher's Signature

Date

Principal's Signature

Date

Please return this completed form to:

Melissa J. Loree, D.V.M.
Canine Assistants
3160 Francis Road
Alpharetta, Georgia 30004
770-664-7178 (office), 770-664-7820 (fax)
melissaloree@canineassistants.org