



SCHOOL PROGRAM APPLICATION For 2010-11 School Year

The application process for **SitStayRead** is a **three-step process**: This written application; the on-site assessment/interview; and the letter of agreement which outlines the responsibilities of Sit Stay Read Inc., the school, teachers, administrators and volunteers.

Name of School		School Phone Number	
School Address		City	Zip
Your Name		Position	
Your home/cell phone	How did you hear about SitStayRead?		
Your email address	Best time and way to reach you		

I. School Information: *Please tell us about your school and students.*

1.	# of Classes at each grade level	#of Classes interested in SSR program	Approximate # of Students per Class
First Grade		N/A	
Second Grade			
Third Grade			

2. Percentage of third grade students reading above, at or below grade level?

Reading above grade level _____%
 At grade level _____%
 Below grade level _____%

3. What reading programs, if any, do students participate in? (e.g. reading clubs, tutoring)

4. If there are any after-school programs offered to students, please list them.

5. Is your school on a year-round calendar or scheduled to switch? If yes, which track?

II. Student Population:

Please answer the following questions as it pertains to first through third graders in your school.

1. What percentage of students are native English speakers? _____%

2. What other languages, if any, do students speak at home? Please list them by frequency.

3. Percentage of students participating in the free school lunch program? _____%

4. Percentage of parents actively involved in student programs or activities? _____%

III. Teachers and Other Professionals:

1. Percent of first through third grade teachers fully certified for their grade level? _____%
2. Are there reading specialists in your school? Yes No
If yes, how are they integrated into the classroom?

IV. Community Description

1. In what neighborhood is the school located? _____
2. Does your school have working relationships with local community organizations? (YMCA, Boys & Girls Club, Library, etc.) Yes No If yes, please list each partnership:

V. Program Evaluation and Length

SSR programs benefit every student. To evaluate the program benefits, we utilize the DIBELS ORF with each participating class.

1. Does your school have evaluation tools for reading fluency, comprehension, writing and motivation? (check all that apply) DIBELS _____ GARFIELD _____
MISCUE _____ ISAT _____
OTHERS _____

VI. Tell Us About Yourself as a Teacher or Principal:

1. Why are you applying for a **SSR** program?

2. How do you feel your class/school can benefit from a **SSR** program?

3. How will you incorporate the **SSR** program into your weekly classroom curriculum?

4. Are you willing to incorporate public library programs and pre and post activities into your class to support the **SSR** program? Yes No

By submitting this application, we acknowledge that we have reviewed the information set forth and believe that it is accurate to the best of our knowledge.

(Teacher signature)

(Principal signature)

(Reading Specialist signature, if applicable)

SSR will respond to your application as soon as possible, usually within 10 days.
Thank you for your interest.

Please return the completed form to SitStayRead via fax or mail.

Mail
SitStayRead
3425 N. Milwaukee
Chicago, IL 60641

Fax
773-545-6671

Questions?
Call 773-545-6629