



Teacher Sign-up Form

Rev. 7-26-2022

Please list **all teachers**. Only those requesting a reader need to supply contact information.

Office use: Date Received:

School Name: _____ Coordinator Phone: _____

Coordinator Name: _____ Coordinator Email: _____

PLEASE PRINT

Grade	Teacher First & Last Name	Want a reader? Y/N	Virtual or in-person?	Teacher Email	If requesting a reader, list best day(s) and time(s).	School Coordinator should complete this column. Please list the returning reader who has or will be placed in each class. Write "vacancy" if you do not have a reader for this class

Please return this completed form by mail to Read Aloud WV, PO BOX 1784 Charleston, WV 25326
or scan and email to mhoyer@readaloudwv.org.

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