

Reading Together Volunteer Survey



School: _____

Name: _____ Date: _____

Email: _____ Phone: _____

1. Would you like to tutor during the next school year?

Yes No Unsure

2. If your answer to #1 is no, would you be available to substitute?

Yes No

3. If your answer to #1 is yes, would you like to: (please check the appropriate statement)

- Stay at the same school _____
- Move to a different school _____
- Keep the same day & time _____
- Change the day & time to _____

4. Would you like to attend a Reading Together training session in the fall?

Yes No

5. When extra training is offered, what topics would you like to see covered?

6. We would appreciate any comments you have about your tutoring experience this year and do you have any suggestions for next year? Please use the back of this sheet if you require more space.

