

## **Community Partners in Reading Information Sheet**

\*Each partner who will be working with children in CPR: Community Partners in Reading Program must complete this form. Please respond to Deb Prenkert at [dprenker@mccsc.edu](mailto:dprenker@mccsc.edu) or mail to Office of Curriculum and Instruction, 315 North Drive, Bloomington, IN 47401. If you have questions feel free to call me at 330-7700 ext. 3461.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Organization/Company (if applicable) \_\_\_\_\_

Email address \_\_\_\_\_

Home address (only if no email address) \_\_\_\_\_

Phone \_\_\_\_\_

Have you arranged to share the weekly CPR commitment with someone else (i.e., trading weeks)? Y / N

If yes- please provide that person's contact information:

List the person's name \_\_\_\_\_

Their phone number \_\_\_\_\_

Their email \_\_\_\_\_

**Day Preference: CPR takes place Monday through Thursday; however, you will only be responsible for working with your second grader one day each week. Please list your preference of days in order.**

(1<sup>st</sup> choice) \_\_\_\_\_

(2<sup>nd</sup> choice) \_\_\_\_\_

(3<sup>rd</sup> choice) \_\_\_\_\_

<b>Site Preference: CPR will occur at</b>	<b>Grandview</b>	<b>1:45-3:00 2<sup>nd</sup> semester only</b>
	<b>Summit</b>	<b>1:00-2:15 2<sup>nd</sup> semester only</b>

**Please list which site you would prefer.**

(1<sup>st</sup> choice) \_\_\_\_\_

(2<sup>nd</sup> choice) \_\_\_\_\_

(3<sup>rd</sup> choice) \_\_\_\_\_