

**Ichabod Crane Primary School
Pick A Reading Partner
Participation Form**

I, _____ would like to
(name of student)

participate in the Primary School's Pick A Reading Partner Program, and promise to read every day for at least 20 minutes with my reading partner.

Name of Partner _____

OR

_____ I would like to have a high school student volunteer read with me every day.

Student's Teacher _____

Parent Consent:

Parents will facilitate and be sure their child has time with their reading partner and access to any books and/or electronic devices that might be needed.

Parent Signature

Date