



Project MORE

Mentoring in Ohio for Reading Excellence

2016-2017 Implementation Form

In order for any school district or educational entity to use the title “Project MORE” in reference to their volunteer reading mentoring program, the school district or educational entity must sign and submit an “Annual Project MORE Implementation Form” verifying that their Project MORE program will be implemented with both quality and fidelity as demonstrated in their school’s initial training as provided by Project MORE.

Date _____ County _____

School District _____

School Building Name _____

Address _____

School Phone _____

Principal’s Name _____

Participating school agrees to:

- Serve a minimum of 8 students with disabilities using Reading A-Z/Reading-tutors. We encourage the inclusion of additional students on an IEP and/or at-risk students who are struggling readers once eight students with disabilities are served.
- Plan to mentor students: **1:1, 30-minute sessions, four times per week during the school day for 128 sessions throughout the school year.**
- Pre/post test all students as specified on the Demographic Data Form.
- Complete and return the Demographic Data Form before Friday, May 26, 2017. Keep a copy for your files.
- Purchase Reading A-Z license (which includes Reading-tutors license) **directly** from www.learninga-z.com

Please select one of the four levels of implementation your school anticipates with Project MORE for the 2016-2017 school year:

____ **Level 1 – fully implementing Project MORE with fidelity;** submitting Project MORE 2016-2017 Implementation Form and Project MORE Demographic Data Form

____ **Level 2 - partially Project MORE or parts of the program;** submitting Project MORE 2016-2017 Implementation Form and Project MORE Demographic Data Form

____ **Level 3 – not implementing Project MORE this school year;** would like to be included on the email list for information.

____ **Level 4 – not implementing Project MORE this school year;** would not like to be included on the email list for information.

Project MORE Coordinator’s Name _____

Coordinator’s Position _____ Trained in Project MORE? Yes/ No Year Trained _____

Coordinator’s Email _____

Best Phone Number to be Reached _____ Best time(s) _____

____ I give Project MORE permission to post my contact information on their website for potential volunteer mentors to contact our school.

Email to projectmore@pm.noacsc.org or fax to 419-523-6126 by Friday, May 27, 2016.

Revised 4/7/2016