



# Reading Buddy Activity Log

RSVP Reading Buddy Program  
 PO Box 3947  
 Springfield, MO 65808

sderr@ccoarks.org  
 (417) 831-9696  
 fax (417)862-2129

Volunteer Name: \_\_\_\_\_

Month of Report \_\_\_\_\_ Year \_\_\_\_\_

School	Teacher Name	Student Name	Grade	M/F	Date	Time Spent*	Assigned student?
		(First and Last Name)			(mm/dd/yyyy)	(min.)	(Y/N)

My student "graduated" from Reading Buddies due to improved reading skills.

\_\_\_\_\_ Name of Student

Comments/ Change of Address or Other Contact Information: