



Reading Buddy Activity Log

Total Monthly Hours: _____

Return this log to RSVP by the **5th** of the month to: RSVP, PO Box 3947, Springfield, MO 65808.
 For questions, contact Sarah Derr at (417) 831-9696, sderr@ccozaarks.org or fax (417) 862-2129.

Volunteer Name: _____ Month of Report: _____ Year of Report: _____ Virtual: _____ In-Person: _____

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

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

Comments/ Change of Address or Other Contact Information: _____
