

Dear Parents/Guardians of: _____

We are pleased to invite you to join our educational support program, **Coaching a Better Reader**, designed to empower kindergarten and 1st grade families through training that provides strategies and resources to use at home to help students succeed in reading.

The program will provide valuable resources including:

- Family Literacy Training Sessions
- One-on-One feedback and support
- Family Check-ins
- Learning Resources
- Participating Incentives
- Pathway to a school Family Literacy Ambassador

Your involvement has a significant impact on your student's success. Research shows that students perform better when their families are engaged in their education. Together we can create a nurturing environment that supports your student's academic growth.

This program consists of five sessions held at the Boys & Girls Club of Ozark (195 Martin Luther King Jr. Ave., Ozark, AL) from 5:00 p.m. to 6:00 p.m. on the following dates:

- Tuesday, June 9
- Tuesday, June 16
- Tuesday, June 23
- Tuesday, June 30
- Tuesday, July 7

FAMILY PARTICIPATION FORM

Parent/Guardian Information:

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

All parents who choose to participate will be enrolled in our text notification service to receive important program information and weekly reminders. You may opt out at any time if you prefer not to receive text messages.

Student Information:

Student Name: _____

Grade Entering 2026/2027 School Year: _____

Goals & Interests:

What are you hoping to gain from participating in Coaching A Better Reader?

What topics or activities would you like to see included? (Check all that apply):

____ Reading Strategies

____ Family Reading Nights

____ Homework Help

____ Other: _____

____ Building home Libraries

By signing below, I agree to participate in the 5-session Coaching a Better Reader program. If I am unable to attend a session, I will arrange for another family member (such as an older sibling, spouse, grandparent, aunt, or uncle) to attend in my place.

Parent/Guardian Signature: _____ Date: _____

PARENT/GUARDIAN DATA RELEASE FORM

Purpose of Data Collection:

The data collected through the Coaching a Better Reader Family Academy will be used solely for the purpose of tracking participation, measuring the effectiveness of the family training program, and ensuring compliance with the school policies and regulations.

Data to Be Collected:

The following data may be collected during the course of the family training program:

- Student reading screeners, formative assessment data, diagnostic assessment data, and/or your student's reading improvement plan.
- Personal contact details (name, phone number, email addresses)
- Program participating details (dates of attendance, activities completed)
- Feedback and evaluation responses from participants
- Demographic information (e.g. age, family structure)
- Photos or video recordings

The data may be used for the following purposes:

- Monitoring student's academic progress, parents/guardians' attitudes toward education, and engagement of participants in Coaching a Better Reader
- Reporting on Coaching a Better Readers outcomes to funding agencies, school administrators, or other stakeholders.
- Evaluating the effectiveness of training and identifying areas for improvement
- Sharing with other volunteers and staff members to enhance the family training.

Data Privacy & Sharing:

All personal information and sensitive data will be handled confidentially and stored securely. Access to this information will be limited to authorized program staff and volunteers only. Data will be retained for the duration and refinement of the program and may be destroyed or anonymized afterward.

Consent for Photography and Video Recording

I consent to the use of photographs or video recordings taken during the training sessions for education purposes, promotional materials, or Coaching a Better Reader reports, with the understanding that my personal information will not be shared without further consent.

_____ Yes, I consent.

_____ No, I do not consent.

Consent to Share Data with Third Parties:

In some instances, your data may be shared with authorized third parties, such as program partners, funders, or research organizations, for the purpose of program evaluation and reporting. Personal identifiers (e.g. name, contact info) will NOT be shared without further consent.

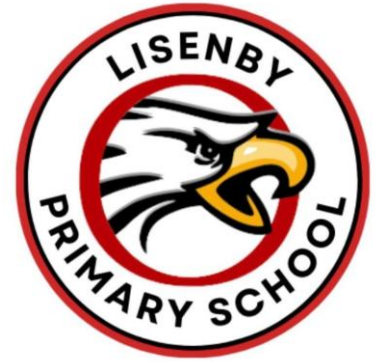
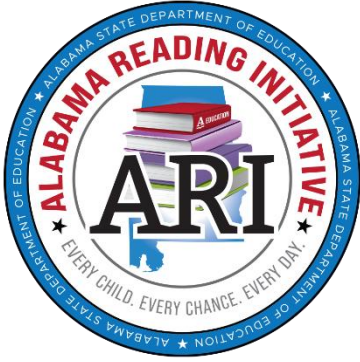
_____ Yes, I consent.

_____ No, I do not consent.

I understand that participation in this training program is voluntary and that I can withdraw my consent for data collection or participation at any time, without penalty.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____



COACHING A BETTER READER

SESSION SCHEDULE

Welcome to Cohort 1 of Coaching a Better Reader! Sessions will be held at the Boys & Girls Club of Ozark located at 195 Martin Luther King Jr. Ave. Ozark, AL.

- ❖ Tuesday, June 9th at 5:00 p.m.
- ❖ Tuesday, June 16th at 5:00 p.m.
- ❖ Tuesday, June 23rd at 5:00 p.m.
- ❖ Tuesday, June 30th at 5:00 p.m.
- ❖ Tuesday, July 7th at 5:00 p.m.