

Date Received \_\_\_\_\_

Entered by \_\_\_\_\_

## VIS-A-VIS CLASSROOM AIDE REQUEST FORM

- **Please note:** For each day and each time period you would like a classroom aide, you need to send in a *separate* request form.
- **Please remember:** It is MANDATORY that all questions/blank spaces are answered. Only fully completed forms will be processed. Thank you!

**Teacher:**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Best time to call \_\_\_\_\_

**School:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Room Number \_\_\_\_\_

1. How long would you like this application to be kept on file?

\_\_\_\_\_ two weeks    \_\_\_\_\_ one month    \_\_\_\_\_ one semester

*\*\*Please note that each semester requires new requests to be sent.\*\**

2. Please circle the day you would like a classroom aide:

Monday                  Tuesday                  Wednesday                  Thursday                  Friday

3. What time would you like to have a classroom aide? (Please select a 1-1.5 hour time slot.)

\_\_\_\_\_

4. What grade do you teach? \_\_\_\_\_

5. What are the duties you will have for your classroom aide? (Please be specific. Will the volunteer be working with groups or individuals? In what subject areas?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT!** Please help us maintain local funding for our services by providing us with the following information. Best estimates are acceptable. Again, it is important that you answer every question.

- Number of students in classroom \_\_\_\_\_
- Number of low income students \_\_\_\_\_
- Number of Urbana residents \_\_\_\_\_
- Number of Champaign residents \_\_\_\_\_
- Number of students who are minority/all ethnicities other than Caucasian \_\_\_\_\_
- Number of males \_\_\_\_\_
- Number of females \_\_\_\_\_

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FOR OFFICE USE

Classroom Aide \_\_\_\_\_

Phone \_\_\_\_\_

Coordinator \_\_\_\_\_

Date \_\_\_\_\_