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Language Circle Course Request Form

Please use this form to request a Project Read course for your district or area. Please fill out the form completely and submit it to Language Circle by fax or mail it to the address listed above. Language Circle will then match you with an Endorsed Staff Development Presenter and contact you to confirm your dates. At that time an agreement will be sent to you.

School District/Organization Name: _____

Contact Person: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Fax: _____ E-Mail: _____

Please circle the strand that you would like to have presented. If more than one, circle all that you are interested in:

Phonics

Linguistics

Reading Comprehension

Written Expression

Report Form

Story Form Literature Connection

Story Form

Number of Participants you would like to train: _____

Target Population (i.e. grade 1-3 teachers, special ed. teachers, etc.): _____

Location of Course: _____

Please List some possible dates for your training: _____

Dates 1st Choice _____

2nd Choice _____

3rd Choice _____

Is your training open enrollment? Yes No

Thank you for your request and for taking the time to fill out this form. If you have any questions, please call us at 800-450-0343 or e-mail us at languagecircle@projectread.com