

# PEER READING PROGRAM



The Peer Reading Program (PRP) is a program designed to improve literacy skills in children and help foster a love of reading. The program consists of trained Peer Leaders who act as mentors and motivators to Peer Readers. During each session, the Peer Reader will be guided to select an appropriate book to read and have a one-on-one, read-aloud session to practice reading techniques previously learnt. There will be opportunities to discuss the book with the Peer Leader, to assist with comprehension.

Peer Leaders will undergo a training session at the beginning of a 10-week program. This will equip the Peer Leader with skills to assist the Peer Reader. Peer Leaders will listen to the Peer Reader read in a one-on-one situation, assist with recording information in a reading log, and provide encouragement and feedback throughout the session. Each Peer Leader will be required to attend two 30-minute sessions every Tuesday afternoon, for the duration of the 10-week program. The first session will begin at 3.45pm and the second session will begin at 4.15pm.

## **Potential advantages of the Peer Reading Program:**

### **Peer Leaders:**

- develop leadership skills
- improve communication skills
- improve organisation and time management skills
- build confidence
- improve social skills

### **Peer Readers:**

- improve literacy skills
- build self esteem
- improve social skills
- increase interest in reading

**goulburn mulwaree library**

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**To be involved in the program as a Peer Leader, please complete the details below and return this enrolment form to the library.**

**PEER LEADER DETAILS:**

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

Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Allergies / medical conditions the library staff need to be aware of:

\_\_\_\_\_

(If your child has an Emergency Action Plan, please provide a copy with this form.)

My child is currently taking the following medications (please list all medications):

\_\_\_\_\_

**PARENT GUARDIAN DETAILS:**

Parent / Guardian name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Library Membership number: \_\_\_\_\_

I give permission for \_\_\_\_\_ (child's name) to be involved in the Peer Reading Program at Goulburn Mulwaree Library.

I **do / do not** (please circle) give permission for my child to be photographed for promotional purposes by Goulburn Mulwaree Library.

I give permission for my child to receive medical treatment in case of emergency **Yes / No**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_