Parent Reading Survey

Parents please complete this survey about your child’s reading and the reading that takes place in your home. This survey is voluntary but will be extremely helpful as I continue to work with your child in reading. Thank you for your time and help in completing this. It is very much appreciated.

Child’s Name: _______________________________ Date: _______________

1. Explain your child’s reading abilities. Is your child a proficient or struggling reader? Why?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Does your child enjoy reading books to themselves?
   ☐ Sometimes
   ☐ Always
   ☐ Never

3. Does your child enjoy reading books to others (younger siblings or parents)?
   ☐ Sometimes
   ☐ Always
   ☐ Never

4. Do you feel that your child is a motivated reader?
   ☐ Sometimes
   ☐ Always
   ☐ Never

5. If you read aloud, do you and your child have a running dialogue with questioning occurring, about the story(ies)?
   ☐ Sometimes
   ☐ Always
   ☐ Never. I just read each page and then the book is over.

6. How many days a week does your child read at home?
   ☐ 0-2 days
   ☐ 3-4 days
   ☐ 5-7 days
7. Home many minutes per night will your child read without having to be asked?
   - 0-10 minutes
   - 10-20 minutes
   - 20-40 minutes
   - About a hour

8. If your child does not read regularly at home please explain why. (Not motivated, other interests/activities, lack of books at home, etc.)
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

9. Does your child have books at home? Yes/No
10. Where does your child get the books he/she reads? ______________________________

11. Does your child ever talk to you about books that he/she is reading?
12. Are there any obstacles that get in the way of your child being a good reader? If so what?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Please check all of the following that apply to you:

_____ I stress the importance of reading to my children.
_____ In my home, I have a scheduled time set aside for reading.
_____ I limit the amount of time my children watch TV.
_____ I read aloud to my children and encourage them to do so to me.
_____ I have a wide variety of reading materials around the house.
_____ My child has a library card.
_____ I have recently spent time with my child in a bookstore.
_____ Our family visits the public library.
_____ I read and discuss books my child is assigned in school.
_____ I encourage my child to set reading goals.
_____ I like to read.
_____ Reading-related activities are never used as disciplinary measures.

😊 Thank you again for your help in completing this reading survey- Ms. St. John 😊