



## Literacy Survey

As we begin the school term, we are about to begin our yearly literacy program. We hope your child will benefit from our program and ask that you fill out this survey and return it to us this week.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Please check one box for each question:

1. How many times a week do you read to your child?

1-3 times       4-6 times       7 or more times

2. How long will your child listen to a story?

5 mins or less       6-10 mins       up to 15 mins       20 mins or longer

3. How difficult is it for you to read to your child?

not difficult at all       somewhat difficult       very difficult       too difficult to even try

4. How often does your child pick up a book to look at without your encouragement?

Never       1-3 times per week       4-6 times per week       7 or more times per week

5. How often does your child start a conversation with you?

Never       1-3 times per week       4-6 times per week       7 or more times per week

6. How many letters of the alphabet can your child correctly identify?

0       1-5       6-10       10-15       more than 15