



PARENT READING QUESTIONNAIRE

Student Name: _____ Date: _____

Parent Completing the Survey: _____

Please check all that apply to you:

_____ I stress the importance of reading to my children.

_____ I let my child see me reading for pleasure.

_____ 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 at least: every day 3x week 1x week

_____ I have a wide variety of reading materials around the house.

_____ My child has a library card.

_____ Books and magazines are part of gift-giving to my child.

_____ I have recently spent time with my child in a bookstore.

_____ Our family visits the public library.

_____ I monitor the amount of time my child spends on the computer.

_____ I read and discuss books my child is assigned in school.

_____ I attend and discuss movies with my child.

_____ I like to read.

_____ Reading-related activities are never used as disciplinary measures.

_____ The number of books in our home totals: less than 10 10-50 50+

What was the name of the last good book you read?
