

Family History Survey

We appreciate your participation in this survey about your child's reading and literacy interests. Your responses will help us better support your child's learning journey.

Parent/Guardian name: _____ Email: _____

Child's name: _____ Grade level: _____

What is your child's interest in reading and literacy activities such as reading independently, having books or stories read to them, and engaging in rhyming activities?

1. Very uninterested
2. Uninterested
3. Somewhat interested
4. Interested
5. Very interested

Has your child ever been recommended for summer reading intervention or support? If so, who made the recommendation?

Has your child ever been recommended to receive reading or writing tutoring services outside of the school setting? If so, who made the recommendation?

Has anyone in your child's family been diagnosed with dyslexia or experienced difficulties with reading and spelling (either as a child or adult)?

Yes _____ No _____