



## Initial Survey

Date \_\_\_\_\_

### HOW DO I FEEL ABOUT READING?

Directions: Read the questions to the child and record exactly what is said.

1. How do you feel about reading? (Circle one.)



I don't like to read



Reading is just OK.



I really like reading a lot.

2. In your spare time, how often do you choose to read?

\_\_\_\_\_ Never      \_\_\_\_\_ Sometimes      \_\_\_\_\_ Often

3. Do you think you will enjoy reading with me? \_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ I don't know

4. Finish this sentence: Reading is \_\_\_\_\_  
\_\_\_\_\_.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_ Volunteer \_\_\_\_\_