



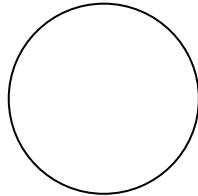
Spring Survey

Date _____

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

HOW DO I FEEL ABOUT READING?

1. Draw a face that shows how you feel about reading.



2. I like reading (Circle one)



It's awesome!



Reading is ok.



I'd rather be doing other things.

3. When you have free time, how often do you choose to read?

_____ Every day _____ Sometimes _____ Never

4. What do you like to read about?

_____ Animals _____ Real People _____ Mystery _____ Funny or Silly Things
_____ Sports _____ Science or Nature Other _____

5. How do you like to read? (Choose all that you like.)

_____ By myself _____ With friends _____ With my teacher
At home with _____

6. Where do you get your books to read? _____

7. What do you do when you get to a word you don't know?

8. Tell me about something you are very good at _____

9. Finish this sentence: Reading is _____

10. Did you like reading with me? _____ Yes _____ No _____ Sometimes

If yes – What's the best part about reading with me? _____

How has it helped you? _____

Mentor - Please fill out below:

Do you think your student reads better in the spring than he/she did in the fall? Yes or No

Do you think your student enjoys reading more in the spring than he/she did in the fall? Yes or No

Do you feel you have made a difference in this child's life?

Have a special mentoring moment? If so, please share it with us:
