



## 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 like to read better than before.

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

\_\_\_\_\_ Never \_\_\_\_\_ Sometimes \_\_\_\_\_ More than I did before.

3. Did you like reading with me this year? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes

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

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

How has it helped you? \_\_\_\_\_

### Mentor - Please fill out below:

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

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

c. Do you feel you have made a difference in this child's life? Yes or No

d. What was the teacher's / school's response to the support you gave the student as a READ mentor?

\_\_\_\_\_

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

\_\_\_\_\_

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

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