



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 _____