Parent Survey

Survey: Literacy Intervention Program

Please rank the positive impact of the following aspects of the Lower Merion Reading Intervention Program. Please circle, then comment if desired. Thank you.

1. Child’s growth and confidence as a reader

   Very positive | Positive | No effect | Negative | Very negative
   1            |         |           |          |               

Comments_____________________________________________

_____________________________________________________

2. Child’s willingness to engage in independent reading

   Very positive | Positive | No effect | Negative | Very negative
   1            |         |           |          |               

Comments_____________________________________________

_____________________________________________________

3. Child’s participation in family reading

   Very positive | Positive | No effect | Negative | Very negative
   1            |         |           |          |               

Comments_____________________________________________

_____________________________________________________

4. Child’s use of reading in everyday situations (menus, magazines, cereal boxes, etc.)

   Very positive | Positive | No effect | Negative | Very negative
   1            |         |           |          |               

Comments_____________________________________________

_____________________________________________________
Parent Survey

5. Impact of intervention program on child’s reading growth
   Very positive 1
   Positive 2
   No effect 3
   Negative 4
   Very negative 5

Comments_____________________________________________

________________________________________________________________________

________________________________________________________________________

6. Availability of information regarding child’s reading progress
   Very positive 1
   Positive 2
   No effect 3
   Negative 4
   Very negative 5

Comments:_____________________________________________

________________________________________________________________________

________________________________________________________________________

7. Did you attend any parent events?  Yes ____  No____

8. Effectiveness of parent events/workshops attended
   Very positive 1
   Positive 2
   No effect 3
   Negative 4
   Very negative 5

Comments:_____________________________________________

________________________________________________________________________

________________________________________________________________________

9. Availability of information describing child’s intervention program
   Very positive 1
   Positive 2
   No effect 3
   Negative 4
   Very negative 5

Comments:_____________________________________________

________________________________________________________________________

________________________________________________________________________

10. Positive comments and suggestions:

Comments:_____________________________________________

________________________________________________________________________

________________________________________________________________________

Please return to
Literacy Supervisor, Lower Merion School District, 301 E Montgomery Avenue, Ardmore, PA 19003