

Reading Recovery® Classroom Teacher Questionnaire

Please take a few minutes to complete the following questionnaire. Your input is important and greatly appreciated. Please return to your Reading Recovery teacher:

Circle the number that best describes your view of the impact of the Reading Recovery program on a student's reading and writing performance.

1	2	3	4	5
Very little impact				Very large impact

Circle the number that best describes your view of Reading Recovery.

1	2	3	4	5
Not a very good program				A very good program

Circle the number that best describes how much the Reading Recovery teacher (s) let you know about the progress of the children in Reading Recovery.

1	2	3	4	5
Little				A great deal

How have you worked collaboratively to support Reading Recovery students?

In what ways have Reading Recovery students become full participants in your classroom literacy programs?

What changes have you noticed in children who have participated in the Reading Recovery program as they work in your classroom?