

Reading Recovery® Parent Questionnaire

Child's Name

School

Parent's signature

Date

Please circle the appropriate numbers to indicate the changes you have seen in your child during his/her Reading Recovery program.

I have observed a change in my child's

little.....much

Ability to read	1	2	3	4	5
Ability to write	1	2	3	4	5
Desire to read at home	1	2	3	4	5
Desire to write at home	1	2	3	4	5
Time spent reading at home	1	2	3	4	5
Time spent writing at home	1	2	3	4	5
Attitude towards school	1	2	3	4	5
Willingness to talk about school	1	2	3	4	5
Feelings about being a reader and writer	1	2	3	4	5

Comments:

Please return to _____ Thank you!