

## **Parent Questionnaire – FUN with ABCs**

**Does your child require assistive technology?** YES NO

If yes, please specify: \_\_\_\_\_

**Has your child participated in the program before?** YES NO

**How many minutes is your child able to focus on a single task?**

(e.g. Homework or colouring a picture)

5-10 minutes      10-20 minutes      20-30 minutes      30+ minutes

**Please indicate what areas your child could use support. Check off all that apply.**

- ☐ Child doesn't know their letters.
- ☐ Child doesn't know the initial sounds of their letters.
- ☐ Child doesn't know the appropriate level of sight words for their grade level.
- ☐ Child has difficulty printing letters.

### **Phonological & Phonemic Awareness**

- ☐ Child doesn't correctly complete blending activities; for example, putting together the sounds **/k/ /i/ /ck/** to make the word **kick**.
- ☐ Child doesn't correctly complete phoneme substitution activities; for example, changing the **/m/** in **mate** to **/cr/** in order to make the word **crate**.
- ☐ Child has a hard time breaking words up into syllables.
- ☐ Child has difficulty with rhyming.

**Is there anything else we should know about your child that would assist us with tutoring them?**

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**Will you commit to bringing your child to each tutoring session?** YES NO