

## **Parent Questionnaire – Reading Rocks**

**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 is not reading at grade level.
- ☐ Child has difficulty and grows frustrated when reading aloud, either because of speed or accuracy.
- ☐ Child does not read aloud with expression (i.e. changing tones where appropriate)
- ☐ Child does not pause at meaningful breaks in sentences and paragraphs when reading.

### **Comprehension**

- ☐ Child is not able to summarize a passage or a book.
- ☐ Child can tell you what happened in a story, but can't explain why events went the way they did.
- ☐ Child can't explain what a character's thoughts or feelings might have been.
- ☐ Child does not link events in a book to similar events from another book or from real life.

**Is there anything else we should know about your child that would assist us with tutoring them?** i.e. child's interests or likes/dislikes

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