

This document is also available in [Spanish](#) and [Portuguese](#).

Name of child:

Questionnaire completed by:

Date of birth:

Relationship to student:

Child's grade:

Cell phone number:

School attending:

Email:

This reading history questionnaire applies to **you**, the biological parent, and **not** your child. Please select the button [  ] next to or in between the number of the response that most closely describes your attitude or experience for each of the following questions or statements. The completed questionnaire will be kept confidential and becomes part of your child's school record. Your family's privacy is protected under the **Family Educational Rights and Privacy Act (FERPA)**.

**1. How much difficulty did you have learning to read in elementary school?**

None

0



1

2

3

4

A great deal

4

**2. Did you ever reverse the order of letters or numbers when you were a child?**

No

0



1

2

3

4

A great deal

4

**3. Did you have difficulty learning letter and/or color names when you were a child?**

No

0



1

2

3

4

A great deal

4

**4. All students struggle from time to time in school. In comparison to others in your class, how much did you struggle to complete your work?**

Not at all

0



Less than most

1

2

About the same

3

More than most

4

Much more than most

4

**5. Did you experience difficulty in high school or college classes?**

No; enjoyed and did well

0



1

2

3

4

A great deal; did poorly

4

**6. How would you compare your current spelling to that of others of the same age and education?**

Above average

0



1

2

3

4

Below average

4