

FAMILY TIME ACTIVITIES PARENT SURVEY



My child's name _____

Date _____

Book _____

Activity _____

**Please use the following scale to let us know how you enjoyed the book and activity or activities.
Circle your answer. Feel free to add comments.**

3=Great!

2=Okay

1=Not so great

- | | | | |
|--------------------------------------|---|---|---|
| 1. The book was: | 3 | 2 | 1 |
| 2. The activity we did together was: | 3 | 2 | 1 |

Please provide some short answers to help us improve the materials.

3. My child's favorite part of the book and/or activity was.....

4. In addition to reading the book and doing this activity, we...

5. One thing I would change is.....

6. One thing that didn't work out the way I expected was....

Please have your son or daughter return the book and this completed form to the Reading Makes Cents teacher. Thanks!

