



READING SURVEY

Student Name: _____

STUDENT FAVORITES

SPORT: _____

GAME: _____

FOOD: _____

PLAY: Inside Outside

COLOR: _____

HOBBY: _____

SEASON: Summer Fall

Winter Spring

READING STRENGTHS:

- | | | |
|--|---|--|
| <input type="checkbox"/> Can read many words by sight | <input type="checkbox"/> Understands the story | <input type="checkbox"/> Brings you books to read |
| <input type="checkbox"/> Reads w/ emotion in his/her voice | <input type="checkbox"/> Can read large words | <input type="checkbox"/> Self-corrects |
| <input type="checkbox"/> Reads various types of print | <input type="checkbox"/> Ability to predict the story | <input type="checkbox"/> Has a desire to learn to read |

Any other strengths? List them below:

READING WEAKNESSES:

- | | | |
|--|---|--|
| <input type="checkbox"/> Reads large words, but not small | <input type="checkbox"/> Can't read large words | <input type="checkbox"/> Skips punctuation |
| <input type="checkbox"/> Reading is slow and labored | <input type="checkbox"/> Can't recall story | <input type="checkbox"/> Doesn't correct misread words |
| <input type="checkbox"/> Reads beginning of word and then guess the ending | <input type="checkbox"/> Spelling is poor | |

Any other weaknesses? List them below:



READING SURVEY

STUDENT GOALS

What kind of reading behaviors would you like to see? List them below:

SCHOOL ASSISTANCE:

Has your child received any extra testing for reading? Yes No

Please tell me in more about the results of this test.

Is your child receiving any extra help while in school? For example, a pull out reading class or one-on one reading practice with another adult? Yes No

If you responded yes, can you tell me the frequency and duration of this extra help?

OTHER COMMENTS: