

Parent Involvement Survey

Child's Name _____

Person surveyed is the child's (circle one):

Mother Father Guardian Other _____

*Please read the questions below with the parent and mark the appropriate box with an X. It is helpful if you are able to lay the survey in view of the parent so they can also see the response categories when they are answering.

* When reading the interview, insert the child's name wherever the word "CHILD" is written.

* Please remember that parents are to answer the questions only for the past week.

In the PAST WEEK, how often did you or a member of your family do the following with CHILD? (Mark an X under only ONE column for each question.)	None	One time	Two times	3 to 4 times	5 or more times
Read to/listen to CHILD read from a book					
Tell your CHILD a story					
Help CHILD with homework or special projects					
Teach your CHILD letters, words, or numbers					
Teach CHILD songs/music or do arts/crafts with your child					
Talk about what happened in school					
Talk about TV programs or videos					
Talk or work with computers with CHILD					
Draw, paint, or do other arts or crafts with CHILD					
Play with toys or games with your CHILD					
Play an outdoor game, a sport, or exercise with CHILD					
Involve CHILD in household chores like cooking, cleaning, setting the table, or caring for pets?					