**Born to Read Project**

**The University of Texas at Tyler**

**Promoting & Supporting Early Language and Literacy**

**PARENT INITIAL QUESTIONNAIRE**

Dear Parents/Guardians,

Thank you for completing this questionnaire related to your child’s early literacy development. Please answer as many questions as you can by placing a “√” in the space provided.

Please note that parents may have a range of responses to these questions simply because children will be at different stages of early language and literacy development. Therefore, do not be concerned if your child is not yet showing some of the behaviors described in some of the questionnaire sections.

**GENERAL INFORMATION:** Parent’s Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Q1) Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Q2) Child’s Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Q3) Child’s sex: \_\_\_Boy \_\_\_Girl

(Q4) Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Q5) Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Q6) Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ House/Apt #, Street, City, TX, Zip code

(Q7) Is your child currently receiving child care? \_\_\_\_Yes \_\_\_\_No

(Q8) Parents Race/Ethnicity: \_\_\_\_American Indian or Alaska Native \_\_\_\_Asian \_\_\_\_ Hispanic or Latino

\_\_\_\_Black/African American \_\_\_\_Native Hawaiian or Other Pacific Islander \_\_\_White \_\_Other

(Q9) During the previous year, what is your best estimate of your family’s annual income?

\_\_\_\_Less than $20,000 \_\_\_\_$20,001-45,000 \_\_\_\_$45,001-65,000 \_\_\_\_$65,001-80,000

\_\_\_\_More than $80,001 \_\_\_\_Don’t Know

(Q10) Mother's occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Q11) Mother's highest level of education:

\_\_\_\_High school \_\_\_\_Associates degree \_\_\_\_Bachelor’s degree \_\_\_\_Master's degree \_\_\_\_Doctoral degree \_\_\_\_Other: \_\_\_\_\_\_\_\_\_

(Q12) Father's occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Q13) Father's highest level of education:

\_\_\_\_High school \_\_\_\_Associates degree \_\_\_\_Bachelor’ degree \_\_\_\_Master's degree \_\_\_\_Doctoral degree \_\_\_\_Other: \_\_\_\_\_\_\_\_\_

**READING BOOKS**

(Q14) How often do you read to your child? \_\_\_Never/Rarely \_\_\_Occasionally \_\_\_A few times per week \_\_\_Daily

(Q15) How many books do you own? \_\_\_0-10 \_\_\_11-25 \_\_\_26-50 \_\_\_51-75 \_\_\_76-100 \_\_\_101 or more

(Q16) In comparison to other activities, how would you rate your child’s interest in books? Please circle one.

1 2 3 4 5 6

\_\_\_ Least Favorite Activity Most Favorite Activity \_\_\_

**CONCEPTS ABOUT PRINT**

(Q17) Does your child read any words by sight, either in the environment (e.g. McDonalds, etc.) or in books (e.g., Mom, cat, etc.)?

\_\_\_Not yet \_\_\_A word \_\_\_A few words \_\_\_Several words \_\_\_Many words

(Q18) Does your child ask what printed words say, such as signs on the street or words on food packets?

\_\_\_Not yet \_\_\_Rarely \_\_\_Occasionally \_\_\_Often \_\_\_ Always

(Q19) Does your child recognize his or her own written name?

\_\_\_Not yet \_\_\_Rarely \_\_\_Occasionally \_\_\_Often \_\_\_Always

**ALPHABET KNOWLEDGE**

(Q20) Does your child recognize letters of the alphabet? (e.g., pointing to letter “A” when you ask him/her to?)

\_\_\_Not yet \_\_\_Rarely \_\_\_Occasionally \_\_\_Often \_\_\_Always

(Q21) Do you attempt to teach the names of letters in the alphabet and/or alphabet sounds when reading or in other activities? \_\_\_Not yet \_\_\_Rarely \_\_\_Occasionally \_\_\_Often \_\_\_Always

(Q22) Does your child recognize and/or attempt to make sounds for alphabet letters?

\_\_\_Not yet \_\_\_Rarely \_\_\_Occasionally \_\_\_Often \_\_\_Always

**WRITING**

(Q23) Does your child attempt to write letters of the alphabet?

\_\_\_Not yet \_\_\_Rarely \_\_\_Occasionally \_\_\_ Often \_\_\_ Always

(Q24) Does your child attempt to write words (such as their own name, sequences of letters)?

­­­­­Not yet\_\_\_ \_\_\_Rarely \_\_\_Occasionally \_\_\_Often \_\_\_ Always

(Q25) Does your child ask you to write for him/her?

\_\_\_Not yet \_\_\_Rarely \_\_\_Occasionally \_\_\_Often \_\_\_ Always

**SOCIAL MEDIA**

(Q26) Does your child have access to devices such as cell phones, iPads, or computers? \_\_\_Yes \_\_\_No

(Q27) How many hours per day does your child use devices such as cell phones, iPads, or computers? \_\_\_\_\_\_\_\_\_\_\_\_\_

(Q28) Which activities does your child enjoy most when using devices such as cell phones, iPads, or computers?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Q29) Please share something you would like to gain from our program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_