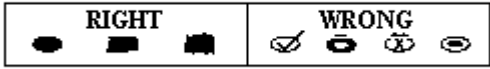


PLEASE USE NO. 2 PENCIL



Super Summer Success Parent Survey

9-10-07

Please do not xerox this form it won't scan.

Thank you for your support of the summer reading program. Your thoughts about the program are important. Please take a few minutes to fill out the survey and return to your child's teacher.

1. About how many times a week did your child read?

- 0-2
- 3-4
- 5+

—
—

2. Did your child enjoy reading the books?

- A lot
- Some
- Not at all

—
—
—

3. Did you have to encourage your child to read?

- Always
- Sometimes
- Never

—
—
—

4. Could your child read the books without your help?

- All/Most
- Sometimes
- None

—
—
—

5. About how many books did your child read?

- All/Most
- Some/Few
- None

—
—
—

6. The summer reading program helped your child.

- A lot
- Some
- Not at all

—
—
—

7. Did your child read books from other places (library, bookstore....)?

- Yes
- No

—
—

Thank you for your participation.



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