

NOTES

After Comments:



**Building Blocks Program
School Aged
After Questionnaire**

Date: _____ Builder: _____

Family Name: _____

The questions in this booklet are the same as you the ones you were asked to answer at the beginning of the program. Please answer them again as well as the questions below. This information from parents gives us feedback on whether we are meeting the program goals. We use the information to make our programs better as well as to answer questions from our funders. Room for comments are on the back.

- Did you see a change in your family's attitudes towards literacy? No Yes
- Did you see a change in your child(ren)'s attitudes towards literacy? No Yes
- Did the program meet your expectations? No Yes
- Would you refer others to the program? No Yes

If you know of anyone that might benefit from this program please provide their name and phone number. Please make sure you have received their permission before giving us their name.

Name: _____ Phone Number _____

After Questionnaire - School Aged

1. **Do you have a library card?** Yes No
2. **How often do you visit the library?**
 Daily Visit Weekly Visit Monthly Visit Yearly Visit

3. **Rate your level of confidence in helping your child(ren) with their learning needs.**

Not confident	↔	Somewhat confident	↔	Very confident
1	2	3	4	5

4. **How often do you experience conflict over homework, reading or learning with your child(ren)?**
 Never Rarely Sometimes Usually Always
5. **Are you ever concerned about your child(ren)'s development and whether he/she is doing what is expected at their age?**
 Never Rarely Sometimes Usually Always
6. **Do you feel it is hard to understand what teachers or other professionals tell you about your child(ren)'s learning and development?**
 Never Rarely Sometimes Usually Always
7. **I make an effort to model reading and writing in everyday life to my child(ren).**
 Never Rarely Sometimes Usually Always
8. **How much do you like reading with your child(ren)?**
 Never Rarely Sometimes Usually Always
9. **How much does your child(ren) enjoy reading?**
 Never Rarely Sometimes Usually Always
10. **How often do you read to or with your child(ren) in a week?**
 Never Rarely Sometimes Usually Always

11. **What do you read for your own interest?**
 Don't read, have other interests Newspapers, magazines
 Human interest stories, true non-fiction Science-fiction, non-fiction
 Cook books Don't have time to read

12. **Are you aware of the nine essential skills?**

Yes No Unsure

13. **Do you have ideas about how to teach the nine essential skills to your child(ren)?**

Yes No Unsure

14. **Have you personally considered further learning opportunities that will start within the next year?** Yes No

15. **Physical fitness is directly connected to literacy and learning.**

Disagree Somewhat disagree Somewhat agree Strongly agree

16. **Learning success takes place when activities are fun and interesting.**

Disagree Somewhat disagree Somewhat agree Strongly agree

17. **How often do you use everyday activities to teach your child(ren) about reading and writing?**

Never Rarely Sometimes Usually Always

18. **List the most important activities and strategies you use to help your child(ren) with their learning and literacy.**
