

NOTES

Before Comments:



**Building Blocks Program
0 - 60 months**

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 13 - 60 Months

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. Do you use songs, rhymes and stories as a way to calm yourself and your child(ren)?

Seldom or never Occasionally Frequently

4. Rate your level of confidence in helping your child(ren) with literacy development.

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

5. Are you aware of the nine essential skills?

Yes No Unsure

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

Yes No Unsure

7. Rate your knowledge of ideas and strategies you have to help your child(ren) with learning as he/she develops into the next stages.

Low knowledge	↔	Some knowledge	↔	High
1	2	3	4	5

8. I talk with my child(ren) when doing everyday activities (cooking, grocery shopping, in the car meal time).

Never Rarely Sometimes Usually Always

9. I make an effort to model reading and writing in everyday life to my child(ren).

Never Rarely Sometimes Usually Always

10. Rate the level of frustration you have when you are trying to teach your child(ren).

N/A	None at all	↔	Sometimes	↔	Always
0	1	2	3	4	5

11. 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

12. How often do you read to or with your child(ren) in a week?

Never Rarely Sometimes Usually Always

13. 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

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

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