



Bright Stars Reading Club Entrance Questionnaire

Date: _____

Please Print.

↳ Parents/Guardians: Please complete this form as accurately as possible. One questionnaire should be completed for each child enrolled in our program. Your responses are very important. **Thank You!!!**

★ Child's Name: _____

1. Does your child like to read? Check One. Yes: _____ No: _____

2. How much time does your child spend reading at home everyday? Check One. 30+ minutes _____ 15 - 30minutes: _____ None: _____

3. What was the last grade your child received in reading on his/her report card? Check One. A: _____ B: _____ C: _____ D: _____ F: _____

4. How often do you read to or with your child? Check One. Daily: _____
Twice A Week: _____ Once A Month: _____ Never: _____

5. Does your child have books to read at home on his/her grade level? Check One: Yes: _____ No: _____

6. Does your child have a library card? Check One. Yes: _____ No: _____

7. How often does your child visit the public library? Check One.
Once A Week: _____ Once A Month: _____ Never: _____

8. How many hours of television does your child watch on a school day? Check One. 0 hours: _____ 1-3 hours: _____ 4-7 hours: _____ 8+hours: _____

★ Why did you enroll your child in the Bright Stars Reading Club? _____

