



<b>Today's Date:</b> Name of Site: SWEL (To be completed by administrator)
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Thank you for answering the questions below! Your honest answers are important to us and will be kept confidential.

**Child's date of birth:**      Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

**Child's initials:**      First \_\_\_\_ Middle \_\_\_\_ Last \_\_\_\_

**Child's gender:**       Boy       Girl

**Your relationship to the child:** (Please check one box below):

Mother       Father       Grandparent       Other: \_\_\_\_\_



1. **The amount of time that families have to look at books together can vary a lot from week to week. LAST WEEK, how many times did your child look at books with you or other people in your household?**  
About \_\_\_\_ times last week
  
2. **How many minutes do you or other people in your household usually spend with your child each time you look at books together?**  
About \_\_\_\_ minutes each time
  
3. **In the last week, how many times did your child ask to look at books with you or another person in your household?**  
About \_\_\_\_ times last week
  
4. **Which of the following happened the LAST TIME you looked at books with your child (check all that apply).**

<input type="checkbox"/> My child did <b>not pay much attention</b> to the story.	<input type="checkbox"/> My child <b>turned the pages</b> of the book.
<input type="checkbox"/> My child <b>quietly listened</b> while I read and/or talked about the book most of the time.	<input type="checkbox"/> My child <b>asked questions</b> about the book.
<input type="checkbox"/> I <b>asked</b> my child questions about the story.	<input type="checkbox"/> My child <b>"read" the book</b> to me or told me a story about the pictures.
	<input type="checkbox"/> None of these

5. In your opinion, how much does your child enjoy sharing books or stories with you or other people in your household? Please circle one number on the scale below.

Does not enjoy 0                      1                      2                      3                      4  
Enjoys somewhat                      Enjoys very much

6. Do you have a routine for looking at books with your child?  
Examples: reading at a certain time of day, reading in a special place

No     Yes → If yes, please list these routines or traditions:

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7. Overall, how difficult is it for you to share books with your child on a regular basis? Please circle one number on the scale below.  
Examples of reasons it may be difficult to share books: lack of time, child not interested, not comfortable reading aloud

Not at all difficult 0                      1                      2                      3                      4  
Somewhat difficult                      Very difficult

8. In the past month, how many times did you visit the library with your child?

About \_\_\_\_\_ library visits in the past month

9. Which of the following things do you or your child do at the library? Please check all that apply.

- Browse and/or play in the children's section
- Get advice from the librarian about children's books
- Listen to "story-time" with library staff
- Check out children's materials to take home (books, videos, CDs, audiotapes)
- None of these

10. How likely is it that you will visit the library with your child in the next two weeks?

Definitely will not visit     Probably will not visit     Probably will visit     Definitely will visit

11. About how many children's books do you have at home? Please count ALL the children's books in your home – books that you own or have borrowed, library books, and homemade books.

None     1-5     6-10     11-20     21-30     More than 30

12. Please rate the importance of reading and sharing books with your child. Please circle one number on the scale below.

1                      2                      3                      4                      5                      6                      7                      8                      9                      10  
Not at all                      Absolutely  
Important                      Essential

Finally, we have a few background questions for you.

13. In the past year, have you ... ? Please place a check mark next to all that apply.

- watched a video about the importance of sharing books with your child
- attended a parent education workshop about sharing books with your child
- neither of the above

14. What language is spoken most often in your home?

- English
- Spanish
- Vietnamese
- Other: \_\_\_\_\_

15. What is your child's primary ethnicity?

- Spanish/Hispanic or Latino
- Caucasian / White
- Middle Eastern
- Black/African American
- Native American
- Pacific Islander (e.g., Samoan, Tongan)
- African
- East Asian (e.g., Japanese, Chinese, Korean)
- Filipino
- Southeast Asian (e.g., Thai, Vietnamese)
- South Asian (e.g., Indian, Pakistani)
- Multi-ethnic
- Other: \_\_\_\_\_

16. What is the number of years of education that has been completed by the adult in your home who spends the most time with the child?

- 1-6 years (elementary school, K-5<sup>th</sup> grade)
- 7-9 years (middle school, 6<sup>th</sup>-8<sup>th</sup> grade)
- 10-14 years (high school, 9<sup>th</sup>-12<sup>th</sup> grade)
- 2 years of training/school beyond high school, with degree
- Bachelor's degree (BA or BS)
- Graduate or professional degree (e.g., MA, PhD, MD, JD)
- Other: \_\_\_\_\_

17. What is your family income per year?

- Less than \$20,000
- \$20,000 - \$40,000
- More than \$40,000

18. How long has your child been enrolled at Southwest Early Learning Bilingual Preschool?

- Just started (0-1 month)
- 2-6 months
- 7-12 months
- More than 12 months

Thank you for your time!