

School: _____

Student Name: _____

SPARK Evaluation Parent Survey

Dear parent or guardian:

Please take a few minutes to answer the questions below about your experience with SPARK. We value your honest feedback. There are no right or wrong answers. Please respond to the following survey questions which will help us better understand how well SPARK is or is not working for you and your child.

We appreciate your feedback!

Do you use reading strategies with your child that you saw at SPARK Family Events?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand the components of the lesson plan your child does in SPARK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive regular communication from a SPARK Program Staff Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child enjoy reading at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child enjoy reading more because of SPARK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child is a better reader because of SPARK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How often do you or another adult in the house read with your child?

Rarely About once per week Daily

How often do you or another adult in the house teach new words to your child?

Rarely About once per week Daily

How well do you understand how to help your child to read?

Well Somewhat well somewhat not well Not well

How well do you know your child's strengths as a reader?

Well somewhat well somewhat not well Not well

If you would tell us something about SPARK, please do so here (You may also write on the back):