



SPARK Evaluation Student Survey
Spring 2016

Write Student Name Here: _____

(Please read the statement below to all SPARK participants with the survey questions in front of them.
Circle their response to each question)

I would like to ask you a few questions about your opinions of reading. I will read the question and then you point at your answer after I read them. There are no right or wrong answers. You do not have to answer any question you do not want to. Do you have any questions? Let's start!

How much do you like to read?

A lot!

Some

Not much

How much do you like SPARK?

A lot!

Some

Not much

How much has SPARK helped you learn to read?

A lot!

Some

Not much

How often do you read at home?

Almost Every day

About once per week

Not very often