



PRIME TIME FAMILY READING TIME® Entry Survey

Name: _____ Race: _____

Please answer the questions below for you and the child(ren) who attended PRIME TIME with you.

1. What is your relationship to the child(ren) attending PRIME TIME with you?

- Mother Father Grandmother Grandfather
 Guardian Brother/Sister Uncle/Aunt Other: _____

2. Have you participated in a PRIME TIME program before? Yes No

If yes, please select one: Within last 6 months Within last year Within 2 Years Longer

3. How often do you and your child(ren) read together?

- Every day At least once weekly At least once monthly A few times a year Never

4. What is the name/title of the last book that you and your child(ren) read together?

5. Do you or your child(ren) ask questions about the stories during or after the reading?

- Frequently Sometimes Rarely Never

6. Do you and your child(ren) find new meaning, ideas, or conclusions during or after the reading?

- Frequently Sometimes Rarely Never

7. How often do you and your child(ren) visit the public library?

- Every Day At Least Once Weekly At Least Once Monthly A few times a year Never

8. How much do you agree with the following statements?

a. It is very important for families to share stories together.

- Strongly Agree Agree Disagree Strongly Disagree

b. Reading and talking about books at home helps my child(ren) do better in school.

- Strongly Agree Agree Disagree Strongly Disagree

c. Reading together as a family is an enjoyable activity.

- Strongly Agree Agree Disagree Strongly Disagree

THIS SECTION TO BE COMPLETED BY THE LIBRARY COORDINATOR:

Participant family number: _____

Site name: _____

Date: _____