**Raising A Reader Program Evaluation**

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Thank you for participating in the Raising A Reader (RAR) Program! Please answer the following questions about how you share books **NOW** and how you shared books **BEFORE** with your child. Your answers will help us know how our program is working.   
This survey is confidential. Reports of the survey will not identify you in any way. Thank you for completing the survey.

**Site/School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Today’s Date:**\_\_\_\_\_\_\_\_\_\_\_

**Child’s Date of Birth:** Month\_\_\_\_\_ Day\_\_\_\_\_ Year\_\_\_\_\_

**Child’s Initials:** First\_\_\_\_\_ Middle\_\_\_\_\_ Last\_\_\_\_\_\_

**Child’s Gender:** Boy \_\_\_\_\_ Girl \_\_\_\_\_

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| **QUESTION** | **NOW,**  **after participating in RAR…** | | | | | | **BEFORE  participating in RAR…** | | | | | |
| 1. **Do/Did you have a routine for looking at books with your child?** *(ex: reading at a certain time or in a special place)* | Yes | | | No | | | Yes | | | No | | |
| 1. **How often does/did your child look at books with you or other people in your household?** | About \_\_\_\_ times per week | | | | | | About \_\_\_\_ times per week | | | | | |
| 1. **How often does/did your child ASK to look at books with you or another person in your household?** | About \_\_\_\_ times per week | | | | | | About \_\_\_\_ times per week | | | | | |
| 1. **How many minutes do/did you or other people in your household usually spend with your child each time you look at books together?** | About \_\_\_\_ minutes each time | | | | | | About \_\_\_\_ minutes each time | | | | | |
| 1. **Please circle how difficult it is/was for you to share books with your child on a regular basis.** | Not  Difficult | | Somewhat Difficult | | Very Difficult | | Not  Difficult | | Somewhat Difficult | | Very Difficult | |
| 1. **Please circle the number of books you have/had at home.** *(Include books that you own, borrowed, library books, and homemade books)* | 0 | | 1-5 | | 6-10 | | 0 | | 1-5 | | 6-10 | |
| 11-20 | | 21-30 | | 30+ | | 11-20 | | 21-30 | | 30+ | |
|  | | | | | | | | | | | | |
| **QUESTION** | **NOW,**  **after participating in RAR…** | | | | | | **BEFORE  participating in RAR…** | | | | | |
| 1. **How often do/did the following things happen when you looked at books together?** | **None** of the time | **Some** of the time | | **Most** of the time | | **All** of the time | **None** of the time | **Some** of the time | | **Most** of the time | | **All** of the time |
| My child paid attention to the story. |  |  | |  | |  |  |  | |  | |  |
| My child quietly listened to the story while I read the book. |  |  | |  | |  |  |  | |  | |  |
| My child helped me turn the pages of the book. |  |  | |  | |  |  |  | |  | |  |
| My child asked questions about the book. |  |  | |  | |  |  |  | |  | |  |
| My child read the book to me or told me a story about the pictures. |  |  | |  | |  |  |  | |  | |  |
| After we finished reading a book, my child asked me to read the book again. |  |  | |  | |  |  |  | |  | |  |

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| **QUESTION** | **NOW,**  **after participating in RAR…** | | | | **BEFORE  participating in RAR…** | | | |
| 1. **How often do/did the following things happen when you looked at books together?** | **None** of the time | **Some** of the time | **Most** of the time | **All** of the time | **None** of the time | **Some** of the time | **Most** of the time | **All** of the time |
| I asked my child questions about the story. |  |  |  |  |  |  |  |  |
| I let my child choose what to read. |  |  |  |  |  |  |  |  |
| I used different voices for different characters in the story. |  |  |  |  |  |  |  |  |
| I talked with my child about new words and what they meant. |  |  |  |  |  |  |  |  |
| **QUESTION** | **LAST MONTH….** | | | | **BEFORE  participating in RAR…** | | | |
| 1. **How often do/did you visit the library with your child each month?** | **Never** | **Once** | **2-3** times | **4 or more** times | **Never** | **Once** | **2-3** times | **4 or more** times |
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| **QUESTION** | **NOW,**  **after participating in RAR…** | | | | **BEFORE  participating in RAR…** | | | |
| 1. **I watched a video about the importance of sharing books with your child.** | **Yes** | | **No** | | **Yes** | | **No** | |
| 1. **I attended a parent education workshop about sharing books with your child.** | **Yes** | | **No** | | **Yes** | | **No** | |

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| 1. **Was this your child’s first year participating in Raising A Reader?** | **Yes** | | | | **No** |
| 1. **What language is spoken most often in your home?** | English | Spanish | | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **What is your child’s primary ethnicity?** | | | | | |
| Hispanic  Caucasian/White  Middle Eastern  African American  Native American  Pacific Islander (i.e. Samoan, Tongan) | | | East Asian (i.e. Japanese, Chinese, Korean)  Filipino  Southeast Asian (i.e. Thai, Vietnamese)  South Asian (i.e. Indian, Pakistani)  Multi-Ethnic  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| 1. **What is your family income per year?**   Less than $30,000  $30,000 - $50,000  More than $50,000 | 1. **What is your household zip code?**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**17. How has participating in Raising A Reader benefited your family?**

*This retrospective post-then-pre survey is devised from the standard Raising A Reader pre-/post- surveys that was designed and validated by Applied Survey Research. The retro pre-/post- format has not yet been validated.*