



Changing life stories

Family reading survey

A National Literacy Trust Membership resource

This survey is designed to be used with your school's families. We hope that it will be useful as a tool to allow you to find out more about your pupils' attitudes to reading, their families' views on the subject and also the role of the school. If you are surveying parents and members of the wider family that have more than one child at the school, you may like to give them multiple copies of the survey and ask them to fill out Section A of each copy of the survey, once for each of their children.

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Survey: Helping your child to enjoy reading

Are you? Female Male

A: Questions about your child's reading

How old is your child?

1. How much does your child enjoy reading? (Tick **one** box only)

Not at all A bit Quite a lot Very much

2. How often does your child read? (Tick **one** box only)

Every day or almost every day Once or twice a week Once or twice a month

Never or almost never

3. Which of the following does your child read outside of school? (Tick as many as you like)

Websites <input type="checkbox"/>	Newspapers <input type="checkbox"/>	Books in other languages <input type="checkbox"/>
Magazines <input type="checkbox"/>	Lyrics <input type="checkbox"/>	Non-fiction books <input type="checkbox"/>
Fiction/stories <input type="checkbox"/>	Graphic novels <input type="checkbox"/>	Comics <input type="checkbox"/>
EBooks <input type="checkbox"/>	Manuals <input type="checkbox"/>	Text messages <input type="checkbox"/>
Emails <input type="checkbox"/>	Poetry <input type="checkbox"/>	Blogs <input type="checkbox"/>

4. How do you like to encourage your child to read?

B: Questions about your reading

5. Which of the following do you read or would you like to read more of? (Tick as many as you like)

Websites	<input type="checkbox"/>	Lyrics	<input type="checkbox"/>	Poetry	<input type="checkbox"/>
Magazines	<input type="checkbox"/>	Newspapers	<input type="checkbox"/>	Non fiction books	<input type="checkbox"/>
Fiction/stories	<input type="checkbox"/>	Graphic novels	<input type="checkbox"/>	Travel books	<input type="checkbox"/>
EBooks	<input type="checkbox"/>	Manuals	<input type="checkbox"/>	Text messages	<input type="checkbox"/>
Emails	<input type="checkbox"/>	Books in other languages	<input type="checkbox"/>	Blogs	<input type="checkbox"/>
Social media	<input type="checkbox"/>	Travel books	<input type="checkbox"/>		

6. How often do you read? (Tick **one** box only)

Every day or almost every day	<input type="checkbox"/>	Once or twice a week	<input type="checkbox"/>	Once or twice a month	<input type="checkbox"/>
Never or almost never	<input type="checkbox"/>				

7. How often does your partner/spouse read? (Tick **one** box only)

Every day or almost every day	<input type="checkbox"/>	Once or twice a week	<input type="checkbox"/>	Once or twice a month	<input type="checkbox"/>
Never or almost never	<input type="checkbox"/>				

8. How often do you talk about reading materials at home? (Tick **one** box only)

Every day or almost every day	<input type="checkbox"/>	Once or twice a week	<input type="checkbox"/>	Once or twice a month	<input type="checkbox"/>
Never or almost never	<input type="checkbox"/>				

9. Would you be interested in getting involved in activities organised by the school in the following areas? (1 = very interested to 5 = not interested)

	1	2	3	4	5
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television and film	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting the library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport and fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers and the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting museums, art galleries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you have any other interests not listed above?

11. Are you a member of your local library?

Yes No

C: Reading and our school

12. Do you think the school does enough to encourage your child to read for pleasure?

Yes No

If your answer is no, can you explain why?

13. Would you like to get more involved in reading-related events and activities in school?

Yes No

14. Can you think of any activities you would like the school to organise to encourage your child to read more?

15. Is there anything that would make getting involved difficult for you? Are there any solutions the school could provide to help overcome these barriers?
