



Literacy Ladders Summer Bridge Camp PARENT QUESTIONNAIRE

Personal History and Pre-Reading Background

In order to provide the most comprehensive support for your child's reading needs, background information is necessary. Please note that while many of these questions are very personal, a child's early life experiences are pieces in the literacy equation. This questionnaire is considered private and strictly confidential.

Thank you for your valuable time and input.

FAMILY AND MEDICAL HISTORY INFORMATION

Student Name

Parent Names

Place and Date of Birth

Complications at birth (pregnancy to term or premature, natural, C-section...)

Siblings and Birth Order

Child's First Language

Does child speak any other languages and if so, how often, to whom?

Mother's Native Language

Father's Native Language

Language Spoken at Home

Breast Fed or Bottle/How Long?

History of Ear Infections

Crawled/ When & How Long?

What age first words? Complete Sentences?

Does he/she now have clear articulation of words, syllables and discrete sounds in words?

Eye & Ear Tests (recommendations or normal)

Febrile Seizures

Ever evaluated or diagnosed with a Learning Difference (ADD, ADHD, Auditory Processing, Speech Language, Sensory Integration...)

Family History of Dyslexia

Current Medications or past treatments for any condition other than normal childhood illnesses

Hospitalizations

Please describe personality traits.

What are your child's favorite activities, interests, books, foods, colors....?

How often is/was he/she read aloud to and does she/he express interest in books?

Does he/she use descriptive vocabulary or lack exact words, using "thing" instead?

Are there any emotional challenges with which he/she struggles? (Confidence, fears, peers...)

How early did he/she begin engaging with screens? How often and frequent today?

ACADEMIC INFORMATION

Where does your child attend school?

Where did he/she attend before current school?

What age did he/she start school?

How many schools has he/she attended?

Has he/she had any unusual circumstances at school or home?

Does he/she like to sing, rhyme, or tell stories?

Does he/she know any nursery rhymes or know how to rhyme?

Does he/she know her alphabet song? Can he/she identify any letter names?

Does he/she exhibit any reading behaviors (read a story by illustrations or memorized text, sound out words in the environment, read simple early readers independently)?

Does he/she know any of the letter sounds?

Does he/she know any sight words (the, a, of, do...)?

Does he/she read one word at a time, haltingly forgetting words from previous page or fluidly?

What type of books is he or she reading at home?

Can he/she write her first and last name and/or form all the letters of the alphabet?
Use upper case and lowercase appropriately or indiscriminately?

Does he/she enjoy writing or drawing?

How does he/she feel about reading?