

LEAF Program
Family Literacy Questionnaire
After School Parents

Name: _____ Date: _____

Please answer these questions about your family and the activities you do with your elementary-aged children. You may have younger children, but please only answer these questions as they relate to the children you bring to the after school program.

1. a) Do you have a library card? YES NO
 b) If yes, how many times have you visited the library in the past 30 days? _____

2. a) How many times have you read with your child in the past 7 days? _____
 b) On average, how many minutes did you read with your child each time? _____

3. How many times has your family eaten dinner together in the past 7 days? _____

4. On average, how many hours do your children watch television every day? _____

5. How many times have you visited your child's classroom and/or talked to your child's teacher in the past 30 days? _____

- 6.a) How many times have you exercised or participated in a physical activity with your children in the past 7 days? _____
 b) On average, how many minutes did you participate in the physical activity with your children each time? _____

1. We talked about many topics in the parenting class. What were your favorite topics or favorite activities in the parenting class? _____

2. How can the parenting class be improved? _____

3. Library visits are part of the After School Program. It is a time for parents and children to participate in reading activities together. What do you like about the library visits? What don't you like about the library visits? _____

4. Do you have any other comments about the After School Program? _____
