

Parent Involvement in Children's Literacy Related Activities

PARENT OBSERVATION FORM

Name _____
Date _____
Location _____

To get ready, I...

- Prepared Materials
- Sat next to my child(ren)
- Asked my child(ren) to join in
- Encouraged my child(ren)

To make connections, I...

- Helped my child(ren) think about what to do
- Remembered other similar activities
- Asked my child(ren) for his/her ideas or guesses

To help my child learn, I...

- Joined in or worked along
- Showed how
- Talked about what we were doing
- Answered my child(ren)'s questions
- Helped my child(ren) remember

To have fun, I...

- Smiled at my child(ren)
- Laughed with my child(ren)
- Enjoyed myself

Socially, I saw my child...

Smile _____ Ask questions _____ Join in _____ Turn turns _____

During the _____ activity I saw my child(ren):

Watch _____ Name objects _____ Use objects _____ Make guesses _____

Check guesses _____ Make notes or sketches _____ Explain what happened _____

Thinking back...

We liked _____

We noticed _____

We were wondering _____

We read the book _____

How much time did you spend doing this activity with your child? _____

Adapted from: Lake County Even Start/Early Explorations Assessment Form

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Name _____

Date _____

Location _____

Activity _____

Directions: Please mark what you and your child did during the activity.

Socially

I saw my child:

- Smile
- Ask questions
- Join in
- Take turns

Literacy

I saw my child:

- Look at pictures
- Name pictures
- Turn pages
- Point at words
- Say words
- Read to me
- Write words

To get ready, I:

- Got materials out
- Sat next to my child
- Asked my child to join in
- Encouraged my child

To make connections, I:

- Helped my child think about what to do
- Remembered other things we had done before
- Asked my child for his or her ideas

To help my child learn, I:

- Joined in or worked along
- Showed how
- Talked about what we were doing answered my child's questions

To have fun, I:

- Smiled at my child
- Laughed with my child
- Enjoyed myself

What did your child REALLY like about this activity?

How many children took part in the activity? _____

How much time did you spend on the activity? _____

What was the total time spent on the activity? _____

Parent Involvement in School Related Activities

SUPPORTING YOUR CHILD'S FORMAL EDUCATION

Name _____

Date _____

Location _____

Check if you had the opportunity to do any of the following this week.

- Helped child with homework How many days? _____
- Checked child's book bag and papers
- Sent a note to school as needed
- Signed forms and returned them to school
- Helped on field trip or in the classroom
- Helped with special project
- Participated in parent/teacher conference
- Called if conference could not be attended
- Returned teacher's phone call
- Sent teacher letter

OLRC – The Parent Involvement Workgroup