

CHILD'S PRINT BACKGROUND

This form filled out by **MOTHER / FATHER** (circle one) DATE: _____

Child's name: _____ ID: _____

1. Can your child write his or her name? YES _____ NO _____
2. Does your child know letters of the alphabet? YES _____ NO _____
3. Can your child read any words? YES _____ NO _____
4. About how often do you try to teach your child the letters of the alphabet?
 - a. never
 - b. almost never
 - c. monthly
 - d. twice a month
 - e. weekly
 - f. every other day
 - g. daily
5. About how often do you play rhyming games with your child?
 - a. never
 - b. almost never
 - c. monthly
 - d. twice a month
 - e. weekly
 - f. every other day
 - g. daily
6. Does your child have alphabet games (magnetic letters, blocks)? YES _____ NO _____

If YES, about how often does he/she play with these?

- a. never
 - b. almost never
 - c. monthly
 - d. twice a month
 - e. weekly
 - f. every other day
 - g. daily
7. About how often does your child ask you what printed words say (e.g. in books, on signs)?
 - a. never
 - b. almost never
 - c. monthly
 - d. twice a month
 - e. weekly
 - f. every other day
 - g. daily
8. About how often do you point out words to your child (e.g., in books, on signs) and tell him or her what they say?
 - a. never
 - b. almost never
 - c. monthly
 - d. twice a month
 - e. weekly
 - f. every other day
 - g. daily
9. About how often does your child attempt to write words?
 - a. never
 - b. almost never
 - c. monthly
 - d. twice a month
 - e. weekly
 - f. every other day
 - g. daily