

**Council of Ministers of Education, Canada**

**Pan-Canadian Assessment Program (PCAP)**

**PCAP-13 Reading, Mathematics, and Science Assessment (2007)**

*Student Questionnaire*

**DIRECTIONS**

In this part of the assessment, you will find questions about yourself, your experiences at school, and your reading skills and habits, both in school and out of school. Some questions ask for facts, while others ask for opinions. There will also be some questions about the assessment itself. Your answers, along with your test results and those of other students, will provide a picture of how students in Canada are doing in school in general and in their language arts courses in particular.

Please read each question carefully and answer as accurately as possible. There are no right or wrong answers to these questions. Your answers are confidential, and no one will be able to identify you from these answers.

Most of the questions will be followed by a few choices indicated by a number. For these questions, please respond by checking the box next to or below your choice as shown in the example.

**Example**

*(Check the appropriate box.)*

	<b>strongly disagree</b>	<b>disagree</b>	<b>agree</b>	<b>strongly agree</b>
<b>I like to listen to music. ....</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input checked="" type="checkbox"/> <sub>4</sub>

**Thank you for your time, effort, and thought in completing this questionnaire.**

**Section 1**

**1. Are you male or female?**

Male ..... <sub>1</sub>

Female..... <sub>2</sub>

**2. What grade are you in?**

Grade 6..... <sub>1</sub>

Grade 7 (Secondary 1 – QC) ..... <sub>2</sub>

Grade 8 (Secondary 2 – QC) ..... <sub>3</sub>

Grade 9 (Secondary 3 – QC) ..... <sub>4</sub>

Grade 10 (Secondary 4 – QC, Level I – NL)..... <sub>5</sub>

**3. Were you born in Canada?**

Yes ..... <sub>1</sub>

No ..... <sub>2</sub>

**4. If you were not born in Canada, how old were you when you came to Canada?**

Less than 5 years old..... <sub>1</sub>

5 to 9 years old..... <sub>2</sub>

10 years old or older ..... <sub>3</sub>

**5. What language is most often spoken in your home? (Please check ONLY ONE RESPONSE.)**

English ..... <sub>1</sub>

French ..... <sub>2</sub>

Canadian Aboriginal (e.g., Cree, Inuktitut) ..... <sub>3</sub>

Other (e.g., German, Mandarin) ..... <sub>4</sub>

**6. Are you of Aboriginal ancestry (First Nations, Inuit, Métis)?**

- Yes ..... <sub>1</sub>  
No ..... <sub>2</sub>

**7. About how many books are there in your home? (Do not count magazines, newspapers, or your school books.)**

- None or very few (0 to 10 books)..... <sub>1</sub>  
Enough to fill one shelf (11 to 25 books) ..... <sub>2</sub>  
Enough to fill one bookcase (26 to 100 books) ..... <sub>3</sub>  
Enough to fill two bookcases (101 to 200 books) ..... <sub>4</sub>  
Enough to fill three or more bookcases (more than 200 books)..... <sub>5</sub>

**8. What is the highest level of education completed by your mother (or stepmother or female guardian)?**

- Did not complete high school..... <sub>1</sub>  
Completed high school ..... <sub>2</sub>  
Had some education after high school..... <sub>3</sub>  
Completed education at a college or cégep ..... <sub>4</sub>  
Had some university education but did not complete a degree ..... <sub>5</sub>  
Completed one or more university degrees ..... <sub>6</sub>  
I don't know..... <sub>7</sub>

**9. In what language are most of your school subjects taught?**

- English ..... <sub>1</sub>  
French ..... <sub>2</sub>  
Canadian Aboriginal (e.g., Cree, Inuktitut) ..... <sub>3</sub>  
Other (e.g., German, Mandarin) ..... <sub>4</sub>

**10. Are you currently in a French Immersion program?**

Yes ..... <sub>1</sub>

No ..... <sub>2</sub>

**11. Have you ever been in an English-as-a-Second-Language or French-as-a-Second-Language program or course (other than French Immersion)?**

Yes, I am now. .... <sub>1</sub>

Yes, I have been in the past. .... <sub>2</sub>

No, I have not ever been. .... <sub>3</sub>

## Section 2

1. Please check the box that best shows how much you agree or disagree with the following statements about school.

	Strongly disagree	Disagree	Agree	Strongly agree
(a) I like school.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(b) My teachers treat me fairly .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(c) My teachers care about me.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(d) At school, I feel that I belong.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(e) At school, I make friends easily.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

2. Please check the box that best shows how much you agree or disagree with the following statements about reading.

	Strongly disagree	Disagree	Agree	Strongly agree
(a) I enjoy reading.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(b) I read only if I have to.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(c) I like it when I receive a book for a present .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(d) For me, reading is a waste of time...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(e) I cannot read for more than a few minutes because I cannot sit still for a long time.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(f) I enjoy going to a bookstore or library.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(g) I believe I am a good reader.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(h) I am confident about reading difficult material.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(i) I feel nervous when I have to read aloud in school.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(j) I think being a good reader makes a difference in the “real world” .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(k) Most of the reading I do in school is boring.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

- |   |                                       |                                       |                                       |                                       |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (l) Most of the reading I do in school is easy .....            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (m) I would rather read for information than read stories ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

**3. If I do especially well in English Language Arts in school, it is because of...**

- |                                     | <b>Strongly disagree</b>              | <b>Disagree</b>                       | <b>Agree</b>                          | <b>Strongly agree</b>                 |
|-------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) natural ability.....            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (b) good luck.....                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (c) studying especially hard.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (d) good teaching.....              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (e) encouragement from parents..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (f) encouragement from friends..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

**4. If I do especially poorly in English Language Arts in school, it is because of...**

- |  | <b>Strongly disagree</b>              | <b>Disagree</b>                       | <b>Agree</b>                          | <b>Strongly agree</b>                 |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) not enough natural ability.....    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (b) bad luck.....                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (c) not studying hard enough.....      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (d) poor teaching.....                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (e) no encouragement from parents..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (f) no encouragement from friends..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

**Section 3**

**1. How much time IN AN AVERAGE WEEK (including the weekend), do you usually spend doing each of these activities OUTSIDE OF SCHOOL HOURS?**

	<b>No time</b>	<b>Less than 1 hour</b>	<b>1 to 2 hours</b>	<b>3 to 4 hours</b>	<b>5 to 6 hours</b>	<b>More than 6 hours</b>
(a) Outside-of-class reading for all your courses.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
(b) Reading for enjoyment and/or general interest....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
(c) Doing sports or other school and community activities.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
(d) Taking extra school lessons or going to tutors	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
(e) Taking other lessons (e.g., music, swimming)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
(f) Watching television or movies.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
(g) Using a computer for school purposes (e.g., research, writing).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
(h) Playing computer, video, or other electronic games	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
(i) Using a computer for personal reasons (e.g., Internet, e-mail).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**2. On average, how much time do you spend in total EACH WEEK on homework in all of your school subjects?**

- Less than 30 minutes ..... <sub>1</sub>
- 30 minutes to one hour ..... <sub>2</sub>
- One to two hours..... <sub>3</sub>
- Two to three hours ..... <sub>4</sub>
- More than three hours..... <sub>5</sub>

**3. On average, how much time do you spend in total EACH WEEK on homework in English Language Arts?**

- Less than 30 minutes ..... <sub>1</sub>
- 30 minutes to one hour ..... <sub>2</sub>
- One to two hours..... <sub>3</sub>
- More than two hours..... <sub>4</sub>

**4. How many days have you been absent from school over this school year?**

- 0 to 2 days..... <sub>1</sub>
- 3 to 5 days..... <sub>2</sub>
- 6 to 10 days..... <sub>3</sub>
- 11 to 20 days..... <sub>4</sub>
- More than 20 days ..... <sub>5</sub>

**5. How many full school days this year have you spent on field trips, sport activities, music or cultural events, and similar things that are not part of your regular classes?**

- None..... <sub>1</sub>
- 1 or 2 days..... <sub>2</sub>
- 3 to 5 days..... <sub>3</sub>
- 6 to 10 days..... <sub>4</sub>
- More than 10 days ..... <sub>5</sub>

**6. How often do the following things happen in your English Language Arts classes?**

	<b>Rarely or never</b>	<b>Sometime s</b>	<b>Often</b>
(a) There is noise or disorder in the classroom.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(b) We lose 5 or 10 minutes because of disruptions.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(c) We discuss or do things other than the topic of the lesson.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>



**Section 4**

**1. In your English Language Arts classes, how often are you given marks or grades using the following methods?**

	<b>Rarely or never</b>	<b>Sometimes</b>	<b>Often</b>
(a) True/false or matching questions.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(b) Multiple-choice questions.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(c) Fill-in-the-blank questions.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(d) Short-answer questions (a sentence or two).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(e) Long-answer questions (a paragraph or more).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(f) Essays (one page or more).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(g) Presentations, speeches, and other performances.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**2. In your English Language Arts classes, are you required to prepare a portfolio of your work over the year?**

Yes ..... <sub>1</sub>  
No ..... <sub>2</sub>

**3. Do you know what a scoring rubric is for marking tests or assignments?  
(If you answer “No,” go to question 6.)**

Yes ..... <sub>1</sub>  
No ..... <sub>2</sub>

**4. How often are rubrics used for marking tests or assignments in your English Language Arts classes?**

- Rarely or never ..... 1
- Sometimes..... 2
- Often ..... 3
- I don't know..... 4

**5. Normally, are you given a rubric when you start an assignment in your English Language Arts classes?**

- Yes ..... 1
- No ..... 2
- I don't know..... 3

**6. How well do you feel you performed on the PCAP test you just completed?**

- Very well ..... 1
- Somewhat well..... 2
- Not at all well..... 3

**7. Do you think the PCAP test was a fair measure of your ability?**

- Very fair..... 1
- Somewhat fair..... 2
- Not at all fair..... 3

**Section 5**

**1. How often do you do the following things in your English Language Arts classes?**

	<b>Rarely or never</b>	<b>Sometime s</b>	<b>Often</b>
(a) Read a textbook.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(b) Read magazines or newspapers.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(c) Read novels or short stories (fiction)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(d) Read information or non-fiction material.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(e) Read material found on the Internet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(f) Use on-line encyclopedias or other electronic subscriptions.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(g) Watch videos or DVDs or go to the movies.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(h) Read books or other material from the school library.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(i) Read books or other material from the public library.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**2. In your English Language Arts classes, how often do you have the following kinds of assignments?**

	<b>Rarely or never</b>	<b>Sometimes</b>	<b>Often</b>
(a) Questions from textbooks, workbooks, or worksheets.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(b) Group work in the classroom.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(c) Individual projects requiring work outside of class.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(d) Group projects requiring work outside of class.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**3. How much does each of these apply to reading in your English Language Arts classes?**

	<b>Not at all</b>	<b>A little</b>	<b>More than a little</b>	<b>A lot</b>
(a) The reading we do in school is more appropriate for girls than boys.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(b) The reading we do in school is more appropriate for boys than girls.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(c) The reading we do in school is interesting to me.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(d) The reading we do in other classes is harder than in English Language Arts.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(e) I participate in class discussions in English Language Arts.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(f) I get behind in homework that involves reading.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**Section 6**

**1. How would you describe your school library? (Check ALL that apply.)**

- (a) It has a variety of books that are interesting and useful to me ..... <sub>1</sub>
- (b) It has a good collection of reference materials for doing research..... <sub>1</sub>
- (c) It is a place I like to go to read or to study ..... <sub>1</sub>
- (d) It is available during all/almost all school hours ..... <sub>1</sub>
- (e) It has someone who can help me most of the time ..... <sub>1</sub>
- (f) We don't have a school library ..... <sub>1</sub>

**2. How often do you use the following strategies to help you understand what you are reading?**

	<b>Rarely or never</b>	<b>Sometimes</b>	<b>Often</b>
(a) Reading out loud to myself.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(b) Sounding out as many words as I can..	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(c) Looking for clues such as headings or captions.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(d) Trying to make connections to what I already know.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(e) Thinking about the author's message..	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(f) Looking at charts and pictures.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(g) Asking someone to help me.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(h) Applying what I know about word origins or word parts.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(i) Using an outside source like a dictionary.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(j) Thinking about the other words in a sentence to figure out the meaning.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(k) Finding a quiet place to read.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(l) Re-reading the more difficult parts.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(m) Highlighting or making notes or drawings on the important parts.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

- |   |                                       |                                       |                                       |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| (n) Sometimes reading more quickly or more slowly, depending on the material..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| (o) Trying to predict what the material is about.....                             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

**3. How often did your parents or guardians do these things when you were younger?**

- |   | <b>Rarely or never</b>                | <b>Sometimes</b>                      | <b>Often</b>                          |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) They read to me.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| (b) They encouraged me to read.....                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| (c) They showed an interest in what I was reading at school.....      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| (d) They did what they could to help me with my reading homework..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| (e) They asked me about what I was reading.....                       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| (f) They praised me when I did well in reading.....                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

**4. How often do your parents read at home?**

- |                                    | <b>Rarely or never</b>                | <b>Sometimes</b>                      | <b>Often</b>                          | <b>Not applicable</b>                 |
|------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) My mother/female guardian..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (b) My father/male guardian.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

**5. When did you first learn to read?**

- Before kindergarten ..... <sub>1</sub>
- Kindergarten ..... <sub>2</sub>
- Grade 1 ..... <sub>3</sub>
- Grade 2 ..... <sub>4</sub>
- Later than grade 2 ..... <sub>5</sub>
- I don't remember ..... <sub>6</sub>

**6. What do you remember about how you first learned to read?**

	<b>Yes</b>	<b>No</b>	<b>I don't remember</b>
(a) I was taught to sound out words...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(b) I was taught to recognize words by sight.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(c) I read aloud a lot.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(d) I was taught to use picture clues, sentences, and other hints to figure things out.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(e) I was read to a lot.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(f) I filled out worksheets.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(g) I read picture books.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(h) I read little books or chapter books.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**7. How much did each of the following people help you when you first learned to read?**

	<b>Not at all</b>	<b>A little</b>	<b>More than a little</b>	<b>A lot</b>
(a) My parents/guardians.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(b) Other relatives.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(c) My teachers.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(d) My friends.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(e) Other people.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**8. Check ALL of the items that apply to you.**

- (a) I have had ear infections in the past ..... \_1
- (b) There was a time in my schooling when I had difficulty seeing to read..... \_1
- (c) I wear glasses or I have worn glasses in the past ..... \_1
- (d) I get headaches when I read a lot ..... \_1
- (e) I find it difficult to read in a noisy classroom ..... \_1

*Thank you for taking the time to complete this questionnaire.*