

Kindergarten Reading Questionnaire

Welcome to Kindergarten! We are gathering information to learn more about our students' lives before Kindergarten to find ways to improve our early childhood systems in Rockingham County. Your information will be kept confidential and participation is voluntary. If you would like to participate, please complete the following questions.

Elementary School Name: _____

Parent/Guardian's Name: _____

Student's Name: _____

Student Information

1. Is the student Hispanic or Latino?

- Yes
 No

2. What is the student's race?

- White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Other Pacific Islander
 Other: _____

3. Before Kindergarten, my child: (check all that apply)

- Stayed at home with a parent
 Stayed at the home of a friend or family member
 Attended a child care facility (Please list the name) _____
 Attended Head Start (Please list school) _____
 Attended Pre-K (NCPK or RCS Pre-K) (Please list school) _____
 Attended a half-day preschool program (Please list the name) _____

4. I participated in: (check all that apply)

- Was enrolled in Dolly Parton's Imagination Library
 Participated in the Parents as Teachers program
 Visited a RCS Parent Resource Center

Caregiver Information

1. What is your relationship to the student?

- Parent
 Grandparent
 Foster Parent
 Guardian
 Other: _____

2. What is your age?

- Under 18
 18-24 years old
 25-34 years old
 35-44 years old
 45-54 years old
 55 and older

3. What is the primary caregiver's employment status?

- Unemployed
 Employed full time (40 or more hours per week)
 Employed part time (up to 39 hours per week)
 Self Employed
 Student
 Homemaker
 Retired
 Unable to work

4. What is the primary caregiver's marital status?

- Married
 Widowed
 Divorced
 Single

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5. What is the mother's highest level of education?

- | | |
|---|--|
| <input type="checkbox"/> Less than a high school diploma | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> High school diploma or equivalent (e.g. GED) | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Some college, no degree | <input type="checkbox"/> Professional Degree |
| <input type="checkbox"/> Trade/technical/vocational training | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Associate degree | |

6. What is the father's highest level of education?

- | | |
|---|--|
| <input type="checkbox"/> Less than a high school diploma | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> High school diploma or equivalent (e.g. GED) | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Some college, no degree | <input type="checkbox"/> Professional Degree |
| <input type="checkbox"/> Trade/technical/vocational training | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Associate degree | |

7. What is your total household income?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$20,000 to \$34,999 | <input type="checkbox"/> \$100,000 to \$149,999 |
| <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> \$150,000 or more |
| <input type="checkbox"/> \$50,000 to \$74,999 | |

Reading Information

1. How often do you read to your child?

- | | |
|--|---|
| <input type="checkbox"/> Every night | <input type="checkbox"/> 1 to 3 nights per week |
| <input type="checkbox"/> On weekdays (Monday through Friday) | <input type="checkbox"/> Never |

2. When reading to your child, how many books do you usually read?

- 5 or more
 3 to 4
 1 to 2
 None

3. Do you ever read for your pleasure? (Digital or hardcopy)

- | | |
|--|--|
| <input type="checkbox"/> I read books for pleasure all the time. | <input type="checkbox"/> I do not know the last time I read. |
| <input type="checkbox"/> I read a book every 2 months. | <input type="checkbox"/> I do not like to read at all. |
| <input type="checkbox"/> I only read magazines and new articles. | |

Expectations

1. Do you think your child will be successful in school?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I am not sure |
| <input type="checkbox"/> No | <input type="checkbox"/> Other: _____ |

2. What hopes and dreams do you have for your child's future?

Thank you for your participation! For more information about this survey or about the results, please contact Angela Williams at the RCS Parent Resource Center (336.349.5524 ext. 36202) or Heather Adams and Daphne Alsiyao at the Rockingham County Partnership for Children (336.342.9676). We wish you well this school year!