Reading & Writing Survey

1.	Name:	
2.	Block:	
3.	Right now, I'm years old.	
4.	My birthday is on:	
5.	I live with (names, and relation to you):	
6.	Is there anything I should know about you to below:	better support your learning? If so, describe
7.	My best subject is	
8.	My most difficult subject is	

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9. If you could or	nly have one meal every day fo	r a month, what would it be and why?
		_
10. Some day I ho	pe to	
11. Write the name	es of five famous people (deac	or alive) you don't know but would like to
		_
		_
12. Name five thin	gs you can do as well as or be	tter than anyone else
		·
13. What is the be	st book you've ever read?	
14. What makes it	the best book you've read?	
15. What is the wo	orst book you've ever read?	
	•	

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16.	Did you finish it? Mark only one oval.
	Yes
	No
17.	Who or what made you read it?
18.	When you read, do you prefer fiction or non-fiction? Mark only one oval.
	Fiction
	Non-fiction
19.	What magazines or newspapers do you look at regularly?
20.	What websites do you look at regularly?
21.	What prevents you from reading more than you do?
22.	Where and when do you like to read?
23.	What was the last book you read (or which one are you reading now)?
24.	How did you choose that book?

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considering reading next?	
6. Do you have friends who enjoy reading and wark only one oval.	with whom you can talk about books?
Yes	
No	
7. In general, how do you feel about reading?	

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