Love4LiteracyABC

“Literacy Interventions designed for growing minds with children in mind”

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Literacy ❤ *Questionnaire*

Full Name_____
(child)
Age_____

Birthday_____

Grade Level_____

Check all that apply:

- ⇒ Improve Letter ID
- ⇒ Letter Sounds
- ⇒ Tutoring
- ⇒ Improve Reading Skills
- ⇒ Improve Vocabulary
- ⇒ Improve Comprehension
- ⇒ Improve Basic Phonics Skills
- ⇒ Sight Word Practice
- ⇒ Writing Practice
- ⇒ Name Recognition and Practice

What are your long term and short-term goals for your scholar?

Long-Term_____

_____

Short-Term_____

_____

Childs Strengths_____

Child's Struggles_____

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Brief Summary of your child educational background

_____

_____

_____

_____

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_____

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_____

Developmental Delays list below if any. If none, write N/A.

_____

_____

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Any behavior issues and or concerns?

_____

_____

Attention Span Capacity (*how long are they able so sit before they lose focus*)

_____

_____

T.V. (*how many hours a day does your child has screen time*)

_____

_____

Technology Use (*iPad or tablet, and what apps are being utilized*)

_____

_____

Likes:

_____

_____

Dislikes:

_____

_____

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Favorite Snack:

_____

Child's hobbies and interests:

_____

_____

_____

_____

Questions or Concerns

_____

_____

_____

_____

Parent Signature_____

Date_____