Reading for pleasure

Children’s reading survey

1. Do you like reading?
   (Tick one box)
   I love reading    It’s okay    I’m not bothered    I don’t like reading
   [ ] [ ] [ ] [ ]

   Why do you think this is?

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2. Are you a good reader?
   (Tick one box)
   I’m a very good reader    I’m a good reader    I’m okay    I’m not a very good reader
   [ ] [ ] [ ] [ ]

   Why do you think this is?

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3. Where do you prefer reading?
   At home  At school  Somewhere else (say where it is)
   ☐       ☐       ☐

   Why do you think this is?
   ____________________________________________________________
   ____________________________________________________________

4. Do you read with anyone at home?
   (Tick one box)
   Yes  No
   ☐       ☐

   If you ticked ‘Yes’:
   Who do you read with? ____________________________________________
   What sort of things do you read? ____________________________________
   ____________________________________________________________

5. Which 2 of these do you enjoy reading most?
   (Tick two boxes)
   Jokes  Magazines  Comics  Story books  Poetry  Non-fiction  Picture books
   ☐       ☐       ☐       ☐       ☐       ☐       ☐
6. Which 2 of these do you enjoy reading most?
   (Tick two boxes)
   - Book apps
   - e-books
   - Blogs
   - Websites
   - Social media
   - Online games

7. What are you reading in school? (that you chose)
   

8. Who is your favourite author?
   

9. What is your favourite book ever?
   

10. Do you ever talk about what you’re reading?
    (Tick all that apply)
    - With friends
    - With mum
    - With dad
    - With grandparents
    - With sister/brother
    - With anyone else? (say who)

11. Does your teacher?
    (Tick one box)
    - Love reading
    - Think it’s okay
    - Is not bothered
    - Doesn’t like it
12. **Does your teacher read aloud to the class?**  
*(Tick one box)*  
Every day  Several times a week  Once a week  Less than once a week  
☐  ☐  ☐  ☐

13. **What is your teacher reading aloud to you?**

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14. **Do you like it when your teacher reads aloud?**  
*(Tick one box)*  
I love it  It’s okay  I’m not bothered  I don’t like it  
☐  ☐  ☐  ☐

Why do you think this is?

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**About you**

Name: ___________________________  Class name: ___________________  Date: __________

Thank you!