Pre-reading or Post-reading Survey

Name of Student______________________________________

To help me learn more about you as a reader, please have a grownup help you fill out this survey. Please return it to me by next Friday. Thanks!

1. How often do you read books?

2. What are your three favorite books?

______________________________________________
______________________________________________
______________________________________________

3. Who are your favorite authors?

4. Where do you like to read?

5. Who usually reads to you?

6. Do you like to look at books and read all by yourself?

7. What do you like best about being a reader?

8. What would you like me to know about you as a reader?