

Identification Label

Student ID:

Student Name:

School Name:



Learning to Read Survey

PIRLS

Main Survey
2001

IEA

Progress in
International Reading
Literacy Study

<PIRLS National Research Center Name>

<Address>

Learning to Read Survey

Your child's class has been selected to participate in the Progress in International Reading Literacy Study (PIRLS), a research study about how children learn to read. PIRLS is sponsored by the International Association for the Evaluation of Educational Achievement (IEA) and is being conducted in about 40 countries around the world.

This survey asks about your child's experiences in learning to read. We are interested in what you and your child do and what you think about different things related to your child's school. There are no right or wrong answers to these questions.

The information being collected will be extremely useful for helping understand how young children learn to read and for helping to improve the teaching and learning of reading for all children. We ask that you respond to all of the questions you feel comfortable answering. We would like to reassure you, however, that your responses to this survey are confidential.

This survey should be completed by the child's parent or current <primary caregiver>, or jointly by both parents or <primary caregivers>.

PIRLS



1

This survey was completed by:

Check all that apply.

Mother, stepmother, or female guardian ---

Father, stepfather, or male guardian ---

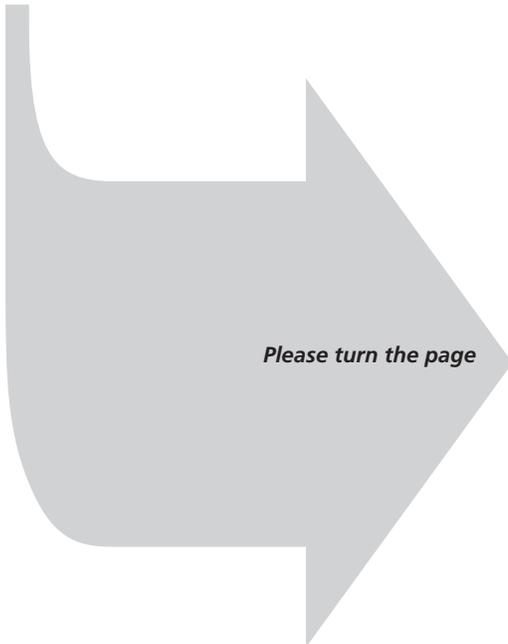
Other ---

Please Specify _____

ASBHCPLF

ASBHCPLM

ASBHCPL0



Before Your Child Began <ISCED Level 1>

2

Before your child began <ISCED Level 1>, how often did you or someone else in your home do the following activities with him or her?

Check **one** circle for each line.

		Often	Sometimes	Never or almost never
ASBHAC1	a) Read books -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASBHAC2	b) Tell stories -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASBHAC3	c) Sing songs -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASBHAC4	d) Play with alphabet toys (for example, blocks with letters of the alphabet) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASBHAC5	e) Do reading activities on the computer -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASBHAC6	f) Play word games -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASBHAC7	g) Write letters or words -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASBHAC8	h) Read aloud signs and labels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASBHAC9	i) Watch television programs that teach reading, like <Sesame Street> -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASBHAC10	j) <Watch television programs (or videos) with subtitles> ---	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASBHAC11	k) <country-specific> -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



3 _____

Did your child attend <ISCED Level 0>?

Check **one** circle only.

Yes ---

No --- 
(If No, go to #4)

ASBHOATT

If Yes...

a. How long was he/she in <ISCED Level 0>?

Check **one** circle only.

more than 2 years ---

2 years ---

between 1 and 2 years ---

1 year ---

less than 1 year ---

ASBHOTIM

Beginning <ISCED Level 1>

ASBHAGE

4

How old was your child when he/she began <ISCED Level 1>?

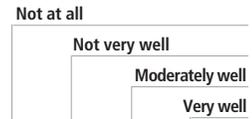
Check **one** circle only.

- 5 years old or younger ---
- 6 years old ---
- 7 years old ---
- 8 years old or older ---

5

How well could your child do the following when he/she began <ISCED Level 1>?

Check **one** circle for each line.



ASBHABI1

a) Recognize most of the letters of the alphabet -----

ASBHABI2

b) Read some words -----

ASBHABI3

c) Read sentences -----

ASBHABI4

d) Write letters of the alphabet -----

ASBHABI5

e) Write some words -----

**Activities With Your Child
More Recently**

6

How often do you or someone else in your home do the following things with your child?

Check **one** circle for each line.

	Every day or almost every day	Once or twice a week	Once or twice a month	Never or almost never	
a) Read aloud to my child -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ASBHTWC1
b) Listen to my child read aloud -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ASBHTWC2
c) Talk with my child about what he/she is reading on his/her own -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ASBHTWC3
d) Talk with my child about what I am reading (or what someone else in my home is reading) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ASBHTWC4
e) Discuss my child's classroom reading work with him/her --	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ASBHTWC5
f) Go to the library or a bookstore with my child -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ASBHTWC6
g) Play or work on the computer with my child (for example, to look up information, play games, or write things) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ASBHTWC7
h) Encourage my child to write (not using a computer) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ASBHTWC8

Your Child's School

7

How often has your child's school done the following?

Check **one** circle for each line.

		Often	Sometimes	Never or almost never
ASBHC0N1	a) Asked you to make sure your child does his/her <language of test> assignments -----	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ASBHC0N2	b) Given or sent home examples of your child's classroom work in <language of test> -----	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ASBHC0N3	c) Given or sent home information about your child's performance in <language of test> -----	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

8

What do you think of your child's school?

Check **one** circle for each line.

		Agree a lot	Agree a little	Disagree a little	Disagree a lot
ASBHTHK1	a) My child's school makes an effort to include me in my child's education -----	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASBHTHK2	b) My child's school cares about my child's progress in school -----	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASBHTHK3	c) My child's school does a good job in helping my child become better in reading -----	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Reading

9

In a typical week, how much time do you usually spend reading for yourself at home, including books, magazines, newspapers, and materials for work?

Check **one** circle only.

- Less than one hour a week ---
- 1-5 hours a week ---
- 6-10 hours a week ---
- More than 10 hours a week ---

ASBHREAD

10

When you are at home, how often do you read for the following reasons?

Check **one** circle for each line.

Every day or almost every day
 Once or twice a week
 Once or twice a month
 Never or almost never

a) For work

b) For enjoyment

c) To get news

d) For my education/school

e) Other reasons

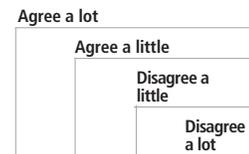
ASBHRRE1
 ASBHRRE2
 ASBHRRE3
 ASBHRRE4
 ASBHRRE5



11

Please indicate how much you agree with the following statements about reading.

Check *one* circle for each line.



ASBHSTM1

a) I read only if I have to -----

ASBHSTM2

b) I like talking about books with other people -----

ASBHSTM3

c) I like to spend my spare time reading -----

ASBHSTM4

d) I read only if I need information -----

ASBHSTM5

e) Reading is an important activity in my home -----

ASBHBOOK

12

About how many books are there in your home?

(Do not count magazines, newspapers or children's books.)

Check *one* circle only.

0 - 10 ---

11 - 25 ---

26 - 100 ---

101 - 200 ---

more than 200 ---

ASBHCHBK

13

About how many children's books are there in your home?

(Do not count children's magazines or school books.)

Check *one* circle only.

0 - 10 ---

11 - 25 ---

26 - 50 ---

51 - 100 ---

more than 100 ---

Additional Information

14

What is the highest level of education completed by the child's father (or stepfather or male guardian) and mother (or stepmother or female guardian)?

Check **one** circle in each column.

	mother	Child's father	Child's
a) Some <ISCED Level 1 or 2> or did not go to school -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) <ISCED Level 2> -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) <ISCED Level 3A or 3B> -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) <ISCED Level 3C> -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) <ISCED Level 4A> -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) <ISCED Level 4B> -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) <ISCED Level 5A> or higher -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) <ISCED Level 5B> or higher -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Not applicable -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ASBHEDUF

ASBHEDUM

15

Which best describes the employment situation of the child's father (or stepfather or male guardian) and mother (or stepmother or female guardian)?

Check **one** circle in each column.

	mother	Child's father	Child's
a) Working at least full-time for pay (this could be one or more full-time jobs or several part-time jobs that add up to full-time work) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Working part-time only for pay -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Not working for pay, but looking for a job -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Other -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Not applicable -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ASBHEMPF

ASBHEMPM



16 _____

What kind of work do the child's father (or stepfather or male guardian) and mother (or stepmother or female guardian) do for their main jobs?

For each, check the box for the job category that best describes what he/she does. Each category has a few examples to help you decide the correct category. If the father or mother is not working now, think about the last job he/she had.



Check **one** circle in each column.

	Child's father	Child's mother
a) Has never worked outside the home for pay -----	<input type="radio"/>	<input type="radio"/>
b) Small Business Owner ----- Includes owners of small business (less than 25 employees) such as retail shops, services, restaurants	<input type="radio"/>	<input type="radio"/>
c) Clerk ----- Includes office clerks; secretaries; typists; and data entry operators; customer service clerks	<input type="radio"/>	<input type="radio"/>
d) Service or Sales Worker ----- Includes travel attendants; restaurant service workers; personal care workers; protective service workers; salespersons	<input type="radio"/>	<input type="radio"/>
e) Skilled Agricultural or Fishery Worker ----- Includes farmers; forestry workers; fishery workers, hunters and trappers	<input type="radio"/>	<input type="radio"/>
f) Craft or Trade Worker ----- Includes builders, carpenters, plumbers, electricians, etc.; metal workers; machine mechanics; handicraft workers	<input type="radio"/>	<input type="radio"/>
g) Plant or Machine Operator ----- Includes plant and machine operators; assembly-line operators; motor-vehicle drivers	<input type="radio"/>	<input type="radio"/>
h) General Laborers ----- Includes domestic helpers and cleaners; building caretakers; messengers, porters and doorkeepers; farm, fishery, agricultural, and construction workers	<input type="radio"/>	<input type="radio"/>
i) Corporate Manager or Senior Official ----- Includes corporate managers such as managers of large companies (25 or more employees) or managers of departments within large companies; legislators or senior government officials; senior officials of special-interest organizations; military officers	<input type="radio"/>	<input type="radio"/>
j) Professional ----- Includes scientists; mathematicians; computer scientists; architects; engineers; life science and health professionals; teachers; legal professionals; social scientists; writers and artists; religious professionals	<input type="radio"/>	<input type="radio"/>
k) Technician or Associate Professional ----- Includes science, engineering, and computer associates and technicians; life science and health technicians and assistants; teacher aides; finance and sales associate professionals; business service agents; administrative assistants	<input type="radio"/>	<input type="radio"/>
l) Not applicable -----	<input type="radio"/>	<input type="radio"/>

ASBHMJF

ASBHMJM



ASBHWELL

17 _____

Compared with other families, how well-off do you think your family is financially?

Check **one** circle only.

- Very well-off ---
- Somewhat well-off ---
- Average ---
- Not very well-off ---
- Not at all well-off ---

ASBHINCM

18 _____

In which range is your annual household income, before taxes?

Check **one** circle only.

- less than <\$20,000> ---
- <\$20,000-\$29,999> ---
- <\$30,000-\$39,999> ---
- <\$40,000-\$49,999> ---
- <\$50,000-\$59,999> ---
- <\$60,000> or more ---

ASBHCOMP

19 _____

About how long did it take you to complete this survey?

_____minutes
Write in a number.

Thank You

**Thank you for taking
the time to fill out
this survey.**





PIRLS

**Learning to Read
Survey**

PIRLS Ref. No. 01-0009

International Association for the Evaluation
of Educational Achievement (IEA)
PIRLS International Study Center
Boston College

