



Family History Survey

Your child was identified for further diagnostic testing based on the results of the *aimswEBPlus* reading readiness screener. Please complete this family history survey so we can add any relevant information to the personal learning plan that was created for your child. The personal learning plan will be sent home with information about what we can all do to support your child's literacy development.

1. What are your child's strengths? (academic, behavior)

2. What concerns do you have? (academic, behavior, social)

3. What is your child's interest in reading and literacy activities such as reading independently, having books or stories read to them, and rhyming activities?

1 -*Very uninterested* 2 -*Uninterested* 3 -*Somewhat interested* 4 -*Interested* 5 -*Very interested*

4. Has your child ever been recommended for summer reading intervention or support? If so, who made the recommendation?

5. Has your child ever been recommended to receive reading or writing tutoring services outside of the school setting? If so, who made the recommendation?

6. Has anyone in the child's family been diagnosed with dyslexia, or experienced difficulties with reading and spelling (either as a child or adult)?

7. Please share any other relevant information about your family or child's reading history.