

Identification Label

# Learning to Read Survey

**<Grade 4>**

<PIRLS National  
Research Center Name>  
<Address>

**TIM & PI**  
national Study Center  
Lynch School of Education, Boston College

# Learning to Read Survey

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Your child's class has been selected to participate in the Progress in International Reading Literacy Study (PIRLS) and the Trends in Mathematics and Science Study (TIMSS). PIRLS and TIMSS are research studies about how children learn to read and do mathematics and science. These studies are sponsored by the International Association for the Evaluation of Educational Achievement (IEA) and are being conducted in more than 60 countries around the world.

This survey asks about your child's early learning experiences. We are interested in what you and your child do together 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 and for helping to improve the teaching and learning 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>.**

1

This survey was completed by:

Check **one** circle for each line.

	Yes	No
Mother, stepmother, or female guardian -----	<input type="radio"/>	<input type="radio"/>
Father, stepfather, or male guardian -----	<input type="radio"/>	<input type="radio"/>
Other -----	<input type="radio"/>	<input type="radio"/>

Please turn the page

**2**

**Before your child began primary/elementary school, how often did you or someone else in**

### 3

What language did your child speak before he/she began school?

If o child poke mo e<sub>1</sub> han one lang age a<sub>1</sub> he ame<sub>1</sub> ime, o can check Ye fo mo e<sub>1</sub> han one lang age.

Check **one** ci cle fo each line.

	Yes	No
a) <language of test> -----	A	A
b) <country-specific> -----	A	A
c) <country-specific> -----	A	A
d) <country-specific> -----	A	A
e) <country-specific> -----	A	A
f) Other -----	A	A

### 4

A. Did your child attend <ISCED Level 0>?

Check **one** ci cle onl .

Yes--- A

No--- A

(If No, o to #5)

**If Yes,**

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

Check **one** ci cle onl .

3 years or more--- A

between 2 and 3 years--- A

2 years--- A

between 1 and 2 years--- A

1 year or less--- A

5

How old was your child when he/she began primary/elementary school?

Check **one** circle only .

5 years old or younger ---

6 years old ---

7 years old ---

8 years old or older ---

6

# 7

Could your child do the following when he/she began primary/elementary school?

Check **one** circle for each line.

**Up to 100 or higher**

**Up to 20**

**Up to 10**

**Not at all**

a) Count by himself/herself ----- A — A — A — A

**More than 4 shapes**

**3–4 shapes**

**1–2 shapes**

**None**

b) Recognize different shapes (e.g., square, triangle, circle) ----- A — A — A — A

**All 10 numbers**

**5–9 numbers**

**1–4 numbers**

**None**

c) Recognize the written numbers from 1–10 ----- A — A — A — A

d) Write the numbers from 1–10 ----- A — A — A — A

**Yes**      **No**

e) Do simple addition ----- A — A

f) Do simple subtraction ----- A — A





# 9

## 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) Discuss my child's schoolwork with him/her ----- A — A — A — A
- b) Help my child with his/her schoolwork ----- A — A — A — A
- c) Make sure my child sets aside time to do his/her homework ----- A — A — A — A
- d) Ask my child what he/she learned in school ----- A — A — A — A
- e) Check if my child has done his/her homework ----- A — A — A — A
- f) Help my child practice his/her reading ----- A — A — A — A
- g) Help my child practice his/her math skills ----- A — A — A — A
- h) Talk with my child about what he/she is reading ----- A — A — A — A

## 10

### What do you think of your child's school?

Check **one** circle for each line.

- A ree a lot
A ree a little
Disa ree a little
Disa ree a lot
- a) My child's school includes me in my child's education ---- A — A — A — A
- b) My child's school should make a greater effort to include me in my child's education ----- A — A — A — A
- c) My child's school provides a safe environment ----- A — A — A — A
- d) My child's school cares about my child's progress in school ----- A — A — A — A
- e) My child's school should do better at keeping me informed of his/her progress ----- A — A — A — A
- f) My child's school does a good job in helping him/her become better in reading ----- A — A — A — A
- g) My child's school does a good job in helping him/her become better in mathematics ----- A — A — A — A
- h) My child's school does a good job in helping him/her become better in science ----- A — A — A — A

11

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

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 ---

12

When you are at home, how often do you read for your own enjoyment?

Check **one** circle only.

Every day or almost every day ---

Once or twice a week ---

Once or twice a month ---

Never or almost never ---

# 13

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

Check **one** circle for each line.

	A ree a lot		A ree a little		Disa ree a little		Disa ree a lot
a) I read only if I have to -----	A	—	A	—	A	—	A
b) I like talking about what I read with other people -----	A	—	A	—	A	—	A
c) I like to spend my spare time reading -----	A	—	A	—	A	—	A
d) I read only if I need information -----	A	—	A	—	A	—	A
e) Reading is an important activity in my home -----	A	—	A	—	A	—	A
f) I would like to have more time for reading -----	A	—	A	—	A	—	A
g) I enjoy reading -----	A	—	A	—	A	—	A

14

About how many books are there in your home? (Do not count magazines, newspapers or children's books.)

Check **one** circle only.

0–10--- A

11–25--- A

26–100--- A

101–200--- A

More than 200--- A

15

A. 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--- A

11–25--- A

26–50--- A

51–100--- A

More than 100--- A

B. Are these books mainly in <language of test>?

Check **one** circle only.

Yes--- A

No--- A

# 16

When talking at home with your child, what language does the child's father (or stepfather or male guardian) use most often? What language does the child's mother (or stepmother or female guardian) use most often?

Check **one** circle in each column.

	<u>Child's father</u>	<u>Child's mother</u>
a) <language of test> -----	A	A
b) <country-specific> -----	A	A
c) <country-specific> -----	A	A
d) <country-specific> -----	A	A
e) <country-specific> -----	A	A
f) Other -----	A	A
g) Not applicable -----	A	A

**17**

**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.

	<u>Child's father</u>	<u>Child's mother</u>
a) Did not go to school -----	A	A
b) Some <ISCED Level 1 or 2> -----	A	A
c) <ISCED Level 2> -----	A	A
d) <ISCED Level 3> -----	A	A
e) <ISCED Level 4> -----	A	A
f) <ISCED Level 5B> -----	A	A
g) <ISCED Level 5A, first degree> -----	A	A
h) Beyond <ISCED Level 5A, first degree> -----	A	A
i) Not applicable -----	A	A

# 18

How far in his/her education do you expect your child to go?

Check **one** circle only .

Finish <ISCED Level 2> ---

Finish <ISCED Level 3> ---

Finish <ISCED Level 4> ---

Finish <ISCED Level 5B> ---

Finish <ISCED Level 5A,  
first degree> ---

Beyond <ISCED Level 5A,  
first degree> ---

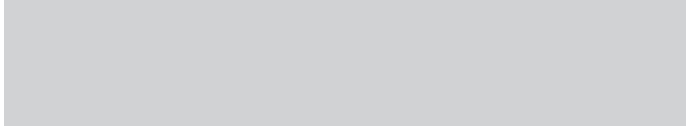


# 19

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.

	<u>Child's father</u>	<u>Child's mother</u>
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) -----	A	A
b) Working part-time only for pay -----	A	A
c) Not working for pay -----	A	A
d) Other -----	A	A
e) Not applicable -----	A	A



Check **one** circle in each column.

**Child's  
father**

**Child's  
mother**

# Thank You

Thank you for taking the time  
to complete this survey.









**PIRLS &  
TIMSS 2011**

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