



QUESTIONNAIRE FOR PARENTS

Child's Full Name _____

Age _____

Parent's Name _____

Grade _____

Email Id _____

Contact Number _____

Letter Recognition

Can your child identify most uppercase and lowercase letters of the alphabet?

- Yes No

Is your child confused between letter b and letter d

- Yes No

Can your child identify and name the letters of alphabet when presented randomly (Both uppercase and lowercase)

- Yes No

Can your child associate letter sound with the corresponding letters.
Eg- Knowing that B makes the sound /b/

- Yes No

Phonemic Awareness

Can your child identify and manipulate individual sounds in words?
Eg- changing /cat/ to /bat/

- Yes No

Can your child blend sounds together to make words?
Eg- Blending /c/+/a/+/t/ to form the word /cat/

- Yes No

Can your child break words into individual sounds.
Eg- Breaking /dog/ into /d/+/o/+/g/

- Yes No



Phonics Skills

Can your child read simple three letter words?

CVC words like cat, dog, hat

- Yes No

Can your child identify and differentiate the vowels /e/ and /i/ in words?

- Yes No

Can your child read words with blends or digraphs?

Eg- /bl/, /sh/, /ch/, /tch/

- Yes No

Can your child read words with long sounds?

Eg- cake, ride, hope

- Yes No

Can your child applies basic phonics rules such as the silent /e/ at the end of the word? Eg- /hop/ to /hope/

- Yes No

Reading Fluency

Does your child read aloud in confidence and proper pacing?

- Yes No

Does your child struggle with reading words in context.

Eg- Short stories, Sentences

- Yes No



Sight Words

Can your child recognise and read common sight words?

Eg- the, and, is, are, my etc without sounds

- Yes No

Is your child able to use sight words in simple sentences or short stories?

- Yes No

Comprehension and Reading Engagement

Does your child understand the meaning of the stories without much explanation?

- Yes No

Does your child enjoy reading and spend time exploring books independently?

- Yes No

Support and Involvement

How often do you read with your child at home?

Select one-

- Daily Several times a week
 Once a day Rarely
 Not at all



Phonics Screening QUESTIONNAIRE FOR PARENTS

AGE
4-6

Open Ended Question

Are there any specific challenges or concerns you have about supporting your child's literacy at home?

What are your aspirations for your child's reading and phonics skills in the next six months?



Thank you for taking the time to complete our survey.