

## Questions for adults

These questions are about your child's reading and maths. There are no right or wrong answers, so please answer the questions as accurately as you can. Thank you for your help.

1. How old is your child? \_\_\_\_\_ years

2. How often do you read with your child?

every day	almost every day	once or twice a week	once or twice a month	less often than once a month	not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How confident do you feel about reading with your child?

very confident	quite confident	not very confident	not at all confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How does your child feel about reading?

they love it	they like it	they think it's okay	they don't like it	they don't like it at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How often do you do maths activities with your child – e.g. money, numbers, shapes, measuring?

every day	almost every day	once or twice a week	once or twice a month	less often than once a month	not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How confident do you feel about doing maths with your child?

very confident	quite confident	not very confident	not at all confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How does your child feel about maths?

they love it	they like it	they think it's okay	they don't like it	they don't like it at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**The Letterbox Club parcels**

Over the last few months, your child has been sent Letterbox Club parcels – we’d really like to know what you think about them.

**8. In general, do you think the Letterbox Club has had an impact on you and your child in any of the following ways?**

	Positive impact	No impact	Negative impact	Don't know
Your child's confidence with reading				
Your child's confidence with maths				
Your child's enjoyment of reading				
Your child's enjoyment of maths				
The amount of time your child spends reading				
Your confidence in supporting your child with reading for pleasure				
The amount of time you have spent supporting your child with reading and maths				

**9. How did your child react to receiving the Letterbox Club parcels?**

**10. Do you and/or your child do anything differently as a result of taking part in the Letterbox Club?**

yes

no

don't know

If yes, please provide details:

**11. Do you have any other feedback about the Letterbox Club?**

**Thank you!**