Literacy Survey (Grades 2–6)

Name: ___________________________________________ Date: ______________

1. How do you feel about reading?

2. How do you feel about reading out loud? Why?

3. Are there some kinds of reading or writing you are especially good at (such as reading cartoons, reading stories, Web browsing, playing video games, emailing, texting, reading easier texts)?

4. What is hard about reading?

5. Make up two book covers that show what you would like to read about.