Child’s Name: ………………………………………
School: ………………………………………
Class Teacher: ………………………………………

When did your child play this game? From ............ to .................(date)

How many times did your child play this game?

1         2  3    more than 3

_________________________________________________________________________

How much did your child like it?

Not at all          A little          A lot

1          2          3          4          5

_________________________________________________________________________

How difficult was it?

Very difficult       A little       Very easy

1          2          3          4          5
Week 4 Book 8

When did your child read this book? From ............ to .................(date)

How many times did your child read this book?

1 2 3 more than 3

How much did your child like it?

Not at all A little A lot

1 2 3 4 5

How difficult was it?

Very difficult A little Very easy

1 2 3 4 5