





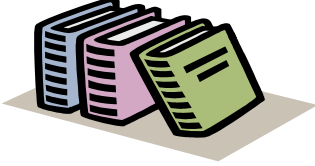
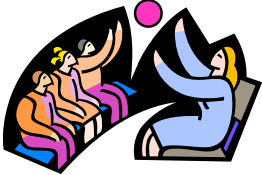




APPENDIX 1

ACTIVITY LOG

Please tick activities you have performed this week

THIS WEEK

 <p>I read a book to my child</p>	 <p>I talked about a book with my child</p>	 <p>I watched my child draw or colour</p>	 <p>I praised my child for good work</p>	 <p>I sang with my child</p>
 <p>I let my child see me reading</p>	 <p>I bought / borrowed a book for my child</p>	 <p>I played a game with my child</p>	 <p>I took my child to the library</p>	 <p>I talked to my child as I did the housework</p>

Stories In the Street End of year evaluation

Please complete the following to help us provide a more complete service

1 How long have you and your child participated in Stories in the Street?

2 Can you list 3 things that you enjoyed about the Program?

3 Is there anything you would like changed? _____

4 Would you bring your child to a local park to participate in the Program?

Yes No

5 Has this Program made you more aware about reading to your child?

Yes No

6 Anything else you would like to add?

The questions below were added in 2006:

7 Below are some examples of reading material you might have around your home.

Tick the ones you make use of regularly.

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Comics | <input type="checkbox"/> Magazines | <input type="checkbox"/> Catalogues/junk mail | <input type="checkbox"/> Recipe books |
| <input type="checkbox"/> Information books | <input type="checkbox"/> Novels | <input type="checkbox"/> School notes | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Instruction manuals | <input type="checkbox"/> TV guide | <input type="checkbox"/> TV subtitles/captions | <input type="checkbox"/> Calendar |
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> Other (please specify) _____ | | |

7a How often do you use this reading material? *please circle*

Daily 2-3 times a week Weekly Fortnightly Less than fortnightly

8 Is your child/children a member of the library? Yes No

*Thank you
Kathryn, Mel and Vicki*

APPENDIX 3

Questions for PARENTS participating in Kids Who Read Succeed 2006 and 2007

In any publications that may arise from your involvement in this evaluation, the information you have provided will remain confidential

1. How are you and your children involved in the project?
2. How long have you been involved?
3. What does your child/children like about it?
4. What do you think your child/children get out of it?
5. What do you like about it?
6. Has this project helped you and your child/children to have more close times together? Can you give me an example?
7. Have you gone to an activity that you have heard about through this reading group? (ie botanical gardens, enrolled in preschool, reptile display, etc)
8. If you have a boy and a girl, do they look for different types of books or stories? Do they enjoy different topics?
11. How often do you read to your child? Has it increased since coming along to this?
12. Does your partner share the reading to your child? Has that time increased since coming along to this?
9. Have you gotten anything out of this project for yourself?
10. Has the project made you more aware about reading to your child?
11. Has being involved with the project led you to think about other things to do with your child/children that you may not have done before (such as playing more together, talking more, role playing, explaining)?
12. Are there things you would change about the project if you could? If so, what would they be?
13. Is there anything you would like to add?

A further question was added for parents interviewed at the end of 2007

15. The funding to run this Project is coming to an end next year. What kind of effect will that have on you and your children?

APPENDIX 4

Questions for Children's Literacy Coordinator, volunteers and others closely involved in Kids Who Read Succeed Project

- 1 Tell me some of the stories that have emerged from the Project. What have been the things about it that have stood out the most?
- 2 Tell me about the changes/improvements you have seen in what children can do and what they want to be involved in?
- 3 Do you notice differences between boys and girls who participate in the project?
- 4 To what extent have dad's become involved?
- 5 What would be your hopes for the future of the Project?
- 6 Have you noticed changes in the bonds between parents and their children during the Project? What changes?
- 7 Are any families now using other services such as preschool or involved in the community in new ways since participating in the Project? (such as visit to botanical gardens)
- 8 You've told me about a parent learning to read through reading to his child. Is there evidence of other literacy improvements for parents?
- 9 What have **you** gained personally and professionally from being involved?
- 10 As this Project is now expanding, would you do anything differently in any part of the process?
- 11 Any other comments?

EVENT DAYS
Questionnaire for parents/ home carers

1 Are you male or female? Male Female

2 How did you find out about this event? *Please mark as many as apply*

- Flyer Newspaper Radio/TV
- Preschool School Playgroup
- Library Shopping centres Other *Please indicate* _____

3 What did your child/children like best about today?

4 What did you like best about today?

5 Would you and your child/children attend another event like this? Yes No

6 Would you like to see anything different? Yes No

6a If yes, what would it be? _____

7 Below are some examples of reading material you might have around your home.

Tick the ones you make use of regularly.

- Comics Magazines Catalogues/junk mail Recipe books
- Information books Novels School notes Posters
- Instruction manuals TV guide TV subtitles/captions Calendar
- Newspapers Other *Please specify* _____

7a How often do you use this reading material? *Please circle*

Daily 2-3 times a week Weekly Fortnightly Less than fortnightly

8 Is your child/children a member of the library? Yes No

EVENT DAYS
Questionnaire for teachers, child care workers

1 Today, I am attending this event as (please tick whichever applies)

Teacher Child care worker Other (*please indicate*) _____

2 How many children did you bring to the event? _____

3 What were the children/students general reactions to the event?

4 What did you like best about today?

5 Would you bring the children/students in your care to another similar event?

Yes No

6 Have you ever visited the library with your children/students?

Yes No

7 Would you like to see anything done differently?

Yes No

7b If yes, what would it be?

Thank you

Questions for Stakeholder groups

In any publications that arise from this evaluation, information that you have provided will remain anonymous.

- 1 In what ways have you or the centre for which you work been involved in the *Kids Who Read Succeed* project?
- 2 How do you think the project has made a difference?
- 3 What are the things that stand out to you most about the project?
- 4 Can you tell me about any changes that you have noticed, either in the children, or the project itself?
- 5 Have you noticed any improved educational/developmental outcomes for children who have been involved in the project?
- 6 Has the project led to improvements between parents and their children? In what ways?
- 7 Have you noticed any changes in parenting with any of the participating families?
- 8 Do you have any stories relating to the project that you find particularly interesting or important?
- 9 Have you gained personally or has your centre gained from being involved in the project? In what ways?
- 10 Do you notice differences between boys and girls who participate in the project?
- 11 Is there anything you would like to see that you feel would improve the project?
- 12 What have been the things about the project that have stood out the most?
- 13 Are any families now using other services such as preschool or involved in the community in new ways since participating in the project?
- 14 What would be your hopes for the future of the project?
- 15 As this project is now expanding, would you do anything differently in any part of the process?
- 16 Anything to add?

**Communities for Children
Evaluation for Children’s Project Worker
For events**

- 1. A Briefly describe the plan for the event?
- B How did you go about putting it into place?
- C Who was involved, what part did each person play in the preparation?
- D Who was invited? How were they invited?
- E What was the extent of the interest from the invitation (if this can be measured ie phone calls to services; RSVPs to invitations etc).
- F Why were 10 tents chosen for the event? How were the readers chosen?

2. What are the main outcomes you hoped to achieve from this activity (include how many people you expected to attend?)

- 3. Did the event go according to expectations? Yes No
- 4. If not, what happened that you didn't expect?
- 5. Approximately how many adults and how many children attended overall?
- 6. Of the adults, how many fathers/male carers attended?
- 7. Of these, how many children attended, other than those that were brought by the schools/services?
- 8. From the invitations sent, how many services were represented at the event? What were they?
- 9. Did the event meet expectations/outcomes? Yes No
- 10. How successful was the event?
 Very successful Successful Somewhat successful Disappointing
- 11. What things stood out for you about the event?
- 12. If you repeated the activity, would you do things differently? If yes, what would you change?

APPENDIX 6

Survey for participants in Kids Who Read Succeed Project

Kids Who Read Succeed is a three year, funded project run by Port Stephens Council in collaboration with the Thou Walla primary school's Schools as Communities Centre (SACS) and Port Stephens library.

The aim of the project is to develop literacy and early literacy skills work with children aged 0-5 years and their families in the Irrawang public school area. The Family Action Centre at the University of Newcastle has been asked to conduct an evaluation into the impact of the project.

You may have attended some of the activities or sessions that form part of the project. We are interested in your thoughts about what you think is the value of the activities or sessions and any learnings you may have derived from them. We would therefore ask if you would take the time to complete this evaluation form and return it at your earliest convenience.

Your responses will be treated as confidential at all times. This confidentiality will include any information that you have provided being included in any publications that may arise from the evaluation.

1. Could you please indicate the activities in which you have been or are participating
please tick as many as applicable

- Activity sheets intermittently collected from playgroups and stories
- Stories in the Street
- Playgroup
- Transition to school talk
- Dads Camp
- Library story time session
- Family excursions

2. It is generally acknowledged that literacy is important to children. What benefits do you think children get from being read to?

3. Please list three (3) sessions/activities that helped you to understand the importance of reading to your child (either through the activities in which you have been involved, ie playgroups, or talks you have attended or something you have read)

1 _____

2 _____

3 _____

4. What was/is it about those activities/sessions or other things that helped you to understand the importance of literacy for children?

5. At what age do you think it is important to commence conversing/talking with your child?

6. At what age do you think a child should commence being read to? _____

7. What are the kinds of materials that you read at home? (please tick)

- | | | |
|--|--|--|
| <input type="checkbox"/> Catalogues/junk mail | <input type="checkbox"/> TV guide | <input type="checkbox"/> Comics |
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> Calendars | <input type="checkbox"/> School notes |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Newsletters | <input type="checkbox"/> Information books |
| <input type="checkbox"/> Novels | <input type="checkbox"/> Recipe books | <input type="checkbox"/> Posters |
| <input type="checkbox"/> TV subtitles/captions | <input type="checkbox"/> Instruction manuals | |
| <input type="checkbox"/> Other <i>please specify</i> _____ | | |

8. How regularly would you read these materials *please circle*

2-3 times per week Weekly Fortnightly Less than fortnightly

9. Is your child a member of the library? Yes No

10. Has attending sessions or activities resulted in you increasing the amount of time you spend reading with your child? Yes No

11. Has attending any of these sessions or activities resulted in any changes to how you play or behave towards your child? Yes No

Please elaborate _____

Thank you for taking the time to be involved