

COUNCIL PROGRAM SURVEY

Name _____ Position _____

School _____ Telephone _____

Home Address _____

_____ Home Telephone _____

1. I would prefer to attend council meetings that are held (check one):

- | | |
|--|---|
| <input type="checkbox"/> Every other month | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Four times a year | <input type="checkbox"/> Three times a year |

2. I would prefer to attend council meetings that are (put a 1 by your first choice and a 2 by your second choice):

- | | |
|--|--|
| <input type="checkbox"/> After-school meetings | <input type="checkbox"/> Evening meetings |
| <input type="checkbox"/> Breakfast meetings | <input type="checkbox"/> Saturday morning (brunch) |
| <input type="checkbox"/> Dinner meetings | <input type="checkbox"/> Other _____ |

3. My preferences for types of programs are (check four):

- | | |
|--|---|
| <input type="checkbox"/> Activities involving children | <input type="checkbox"/> Panel discussions |
| <input type="checkbox"/> Authors of children's books | <input type="checkbox"/> Performance by students |
| <input type="checkbox"/> Films, video, slides, computers | <input type="checkbox"/> Small-group discussions |
| <input type="checkbox"/> Guest speaker | <input type="checkbox"/> Storytelling demonstration |
| <input type="checkbox"/> Informal discussion | <input type="checkbox"/> Teaching demonstration |
| <input type="checkbox"/> Make-and-take workshops | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Materials exhibit | <input type="checkbox"/> Other _____ |

4. My interests in reading/language arts are (check four):

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Language development |
| <input type="checkbox"/> Adult education | <input type="checkbox"/> Language differences |
| <input type="checkbox"/> Approaches to teaching | <input type="checkbox"/> Linguistic factors |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Literature |
| <input type="checkbox"/> Attitudes toward reading | <input type="checkbox"/> Parent education |
| <input type="checkbox"/> Comprehension | <input type="checkbox"/> Perception |
| <input type="checkbox"/> Content area reading | <input type="checkbox"/> Reading program evaluation |
| <input type="checkbox"/> Corrective reading | <input type="checkbox"/> Research |
| <input type="checkbox"/> Cultural influences | <input type="checkbox"/> Social factors |
| <input type="checkbox"/> Diagnosis and evaluation | <input type="checkbox"/> Study strategies |
| <input type="checkbox"/> Emergent literacy | <input type="checkbox"/> Teacher education |
| <input type="checkbox"/> Gifted learners | <input type="checkbox"/> Whole language |
| | <input type="checkbox"/> Other _____ |

(over)

5. I would enjoy participating in projects and activities such as (check four):

- | | |
|--|---|
| <input type="checkbox"/> Administrators conference | <input type="checkbox"/> Newspaper in Education Week |
| <input type="checkbox"/> Book collection programs | <input type="checkbox"/> Parent conferences and workshops |
| <input type="checkbox"/> Book fair | <input type="checkbox"/> Public information activities |
| <input type="checkbox"/> Demonstrations in shopping malls
(reading day in the mall) | <input type="checkbox"/> Reading to the elderly |
| <input type="checkbox"/> Garage sale (books and teaching material) | <input type="checkbox"/> Speaking to other organizations
about reading and the council |
| <input type="checkbox"/> Legislative activities | <input type="checkbox"/> Story hour in library |
| <input type="checkbox"/> Literacy awards | <input type="checkbox"/> Teacher of the Year Award |
| <input type="checkbox"/> Meeting with parent organizations | <input type="checkbox"/> Young authors conference |
| <input type="checkbox"/> Membership campaign | |
| <input type="checkbox"/> Newsletter (writing, typing, stuffing
envelopes, etc.) | |

6. I would be more active in the council if (check any that apply):

- | | |
|---|---|
| <input type="checkbox"/> A building representative gave reminders | <input type="checkbox"/> Meeting time was changed |
| <input type="checkbox"/> Babysitting was provided | <input type="checkbox"/> Others from my school were members |
| <input type="checkbox"/> Car pools were available | <input type="checkbox"/> Program reminders were mailed |
| <input type="checkbox"/> Meeting locations were more convenient | |

7. I would be willing to participate in the following council activities:

- | | |
|---|---|
| <input type="checkbox"/> Conducting a demonstration | <input type="checkbox"/> Serving or making refreshments |
| <input type="checkbox"/> Making posters, name tags, etc. | <input type="checkbox"/> Telephone network |
| <input type="checkbox"/> Occasional babysitting | <input type="checkbox"/> Typing, word processing |
| <input type="checkbox"/> Providing transportation (car pool) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Serving as a building representative | |

8. I would be willing to serve on a committee (rank three preferences):

- | | |
|--|--|
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Nominating |
| <input type="checkbox"/> Council Awards | <input type="checkbox"/> Program |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Studies in Research |
| <input type="checkbox"/> Newspaper in Education Week | <input type="checkbox"/> Other _____ |

Once completed, please return this survey to:

(Affix label with name and address of
council leader who will be responsible for
organizing and sharing this information with
other council leaders.)