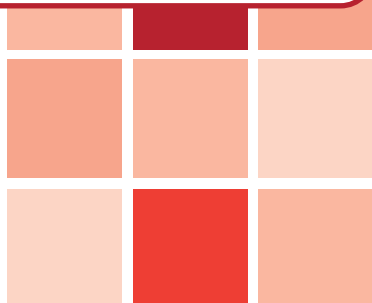


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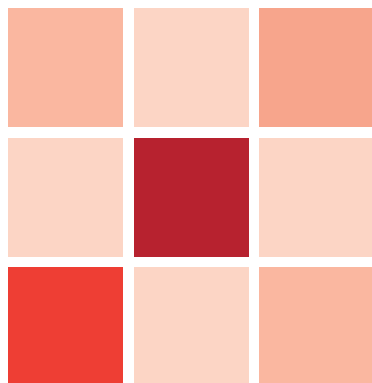


PROGRESS IN INTERNATIONAL  
READING LITERACY STUDY

# Early Learning Survey

<Grade 4>

<PIRLS National Research Center Name>  
<Address>



IEA

**TIMSS & PIRLS**

International Study Center

Lynch School of Education

BOSTON COLLEGE



# Early Learning Survey

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Your child's class has been selected to participate in PIRLS (Progress in International Reading Literacy Study), a research study about how children learn to read. PIRLS 2021 is sponsored by the IEA (International Association for the Evaluation of Educational Achievement) and is being conducted in more than 60 countries around the world.

This survey asks about your child's early learning experiences. We are interested in what you and your child do together and what you think about different things related to your child's school. There are no right or wrong answers to these questions.

The information being collected will be extremely useful for helping understand how young children learn to read and for helping to improve the teaching and learning of reading for all children. We ask that you respond to all of the questions you feel comfortable answering. We would like to reassure you, however, that your responses to this survey are confidential.

**This survey should be completed by the child's <parent/guardian>, or jointly by both <parents/guardians>.**

**PIRLS 2021**

# Before Your Child Began Primary/Elementary School

1

Before your child began primary/elementary school, how often did you or someone else in your home do the following activities with him or her?

Check **one** circle for each line.

	Often	Sometimes	Never or almost never
a) Read books -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Tell stories -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Sing songs -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Play with alphabet toys (e.g., blocks with letters of the alphabet) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Talk about things you had done -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Talk about what you had read	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Play word games -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Write letters or words -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Read aloud signs and labels --	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Say counting rhymes or sing counting songs -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Play with number toys (e.g., blocks with numbers) ---	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Count different things -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Play games involving shapes (e.g., shape sorting toys, puzzles) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Play with building blocks or construction toys -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Play board or card games -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Write numbers -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) Draw shapes -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) Measure or weigh things (e.g., when cooking) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 2

### A. Was your child born in <country>?

Check **one** circle only.

Yes---  (If Yes, go to #3)

No---

### If No,

### B. How old was your child when he/she came to <country>?

Check **one** circle only.

Younger than 3 years old ---

3 to 5 years old ---

6 to 7 years old ---

8 years old or older ---

## 3

### What language did your child speak before he/she began school?

If your child spoke more than one language check "Yes" for more than one language.

Check **one** circle for each line.

- |                             | Yes                   | No                    |
|-----------------------------|-----------------------|-----------------------|
| a) <language of test> ----- | <input type="radio"/> | <input type="radio"/> |
| b) <country-specific> ----- | <input type="radio"/> | <input type="radio"/> |
| c) <country-specific> ----- | <input type="radio"/> | <input type="radio"/> |
| d) <country-specific> ----- | <input type="radio"/> | <input type="radio"/> |
| e) <country-specific> ----- | <input type="radio"/> | <input type="radio"/> |
| f) Other -----              | <input type="radio"/> | <input type="radio"/> |

## 4

### How often does your child speak <language of test> at home?

Check **one** circle only.

Always---

Almost always---

Sometimes---

Never---

## 5

### A. Did your child attend the following before <first grade>?

Check **one** circle for each line.

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| a) Early childhood educational program or center for children under age 3 -----                | <input type="radio"/> | <input type="radio"/> |
| b) Pre-primary educational program for children age 3 or older, including <Kindergarten> ----- | <input type="radio"/> | <input type="radio"/> |



(If No to both, go to #6)

### B. Approximately how long was your child in these programs altogether?

Check **one** circle only.

- Less than 1 year ---
- 1 year ---
- 2 years ---
- 3 years ---
- 4 years or more ---

**6**

**How old was your child when he/she began the <first grade> of primary/elementary school?**

Check **one** circle only.

- 5 years old or younger ---
- 6 years old ---
- 7 years old ---
- 8 years old or older ---

**7**

**How well could your child do the following when he/she began the <first grade> of primary/elementary school?**

Check **one** circle for each line.

	Very well	Moderately well	Not very well	Not at all
a) Recognize most of the letters of the alphabet -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Read some words -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Read sentences -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Read a story-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Write letters of the alphabet --	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Write his/her name -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Write words other than his/her name-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 8

### What do you think of your child's school?

Check **one** circle for each line.

	Agree a lot	Agree a little	Disagree a little	Disagree a lot
a) My child's school does a good job including me in my child's education -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) My child's school provides a safe environment -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) My child's school cares about my child's progress in school -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) My child's school does a good job informing me of his/her progress -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) My child's school promotes high academic standards -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) My child's school does a good job in helping him/her become better in <u>reading</u> -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**9**

**In a typical week, how much time do you usually spend reading for yourself at home, including books, magazines, newspapers, and materials for work (in print or digital media)?**

*Check **one** circle only.*

Less than one hour a week ---

1–5 hours a week ---

6–10 hours a week ---

More than 10 hours a week ---

**10**

**When you are at home, how often do you read for your own enjoyment?**

*Check **one** circle only.*

Every day or almost every day ---

Once or twice a week ---

Once or twice a month ---

Never or almost never ---

Please indicate how much you agree with the following statements about reading.

Check **one** circle for each line.

	Agree a lot	Agree a little	Disagree a little	Disagree a lot
a) I read only if I have to -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I like talking about what I read with other people -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I like to spend my spare time reading -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I read only if I need information -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Reading is an important activity in my home -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I would like to have more time for reading -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I enjoy reading -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Reading is one of my favorite hobbies -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 12

**About how many books are there in your home? (Do not count ebooks, magazines, newspapers, or children's books.)**

Check **one** circle only.

0–10 ---

11–25 ---

26–100 ---

101–200 ---

More than 200 ---

## 13

**About how many children's books are there in your home? (Do not count children's ebooks, magazines, or school books.)**

Check **one** circle only.

0–10 ---

11–25 ---

26–50 ---

51–100 ---

More than 100 ---

## 14

**Do you have any of these things in your home?**

Check **one** circle for each line.

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| a) Access to the internet -----          | <input type="radio"/> | <input type="radio"/> |
| b) A computer, tablet, or e-reader ----- | <input type="radio"/> | <input type="radio"/> |
| c) A smartphone -----                    | <input type="radio"/> | <input type="radio"/> |

## 15

**What is the highest level of education completed by the child's <parents/guardians>? <If the child has only one parent/guardian, answer for Parent/Guardian A. If there are two parents/guardians, choose one for Parent/Guardian A and the other for Parent/Guardian B.>**

Check **one** circle in each column.

	<Parent/ Guardian A>	<Parent/ Guardian B>
a) Did not go to school -----	<input type="radio"/>	<input type="radio"/>
b) Some <Primary education— ISCED Level 1 or Lower secondary education—ISCED Level 2> -----	<input type="radio"/>	<input type="radio"/>
c) <Lower secondary education— ISCED Level 2> -----	<input type="radio"/>	<input type="radio"/>
d) <Upper secondary education— ISCED Level 3> -----	<input type="radio"/>	<input type="radio"/>
e) <Post-secondary, non-tertiary education—ISCED Level 4> -----	<input type="radio"/>	<input type="radio"/>
f) <Short-cycle tertiary education—ISCED Level 5> -----	<input type="radio"/>	<input type="radio"/>
g) <Bachelor's or equivalent level—ISCED Level 6> -----	<input type="radio"/>	<input type="radio"/>
h) <Master's or equivalent level—ISCED Level 7> -----	<input type="radio"/>	<input type="radio"/>
i) <Doctor or equivalent level—ISCED Level 8> -----	<input type="radio"/>	<input type="radio"/>
j) Not applicable -----	<input type="radio"/>	<input type="radio"/>

## 16

### How far in his/her education do you expect your child to go?

Check **one** circle only.

Finish <Lower secondary  
education—ISCED Level 2> ---

Finish <Upper secondary  
education—ISCED Level 3> ---

Finish <Post-secondary, non-tertiary  
education—ISCED Level 4> ---

Finish <Short-cycle tertiary  
education—ISCED Level 5> ---

Finish <Bachelor's or equivalent  
level—ISCED Level 6> ---

Finish <Postgraduate degree:  
Master's—ISCED Level 7  
or Doctor—ISCED Level 8> ---

**What kind of work do the child's <parents/  
guardians> do for their main jobs?**

For each, check the circle for the job category that best describes what he/she does (opposite page). Each category has a few examples to help you decide the correct category. If the <parent/guardian> is not working now, think about the last job that he/she had.

Check **one** circle in each column.

	<Parent/ Guardian A>	<Parent/ Guardian B>
<b>a) Has never worked for pay</b> -----	<input type="radio"/>	<input type="radio"/>
<b>b) Small Business Owner</b> ----- Includes owners of small businesses (fewer than 25 employees) such as retail shops, services, restaurants	<input type="radio"/>	<input type="radio"/>
<b>c) Clerical Worker</b> ----- Includes office clerks; secretaries; data entry operators; customer service clerks	<input type="radio"/>	<input type="radio"/>
<b>d) Service or Sales Worker</b> ----- Includes travel attendants; restaurant service workers; personal care workers; protective service workers; junior military; salespersons; street vendors	<input type="radio"/>	<input type="radio"/>
<b>e) Skilled Agricultural or Fishery Worker</b> ----- Includes farmers; forestry workers; fishery workers	<input type="radio"/>	<input type="radio"/>
<b>f) Craft or Trade Worker</b> ----- Includes builders, carpenters, plumbers, electricians, metal workers; machine mechanics; handicraft workers	<input type="radio"/>	<input type="radio"/>
<b>g) Plant or Machine Operator</b> ----- Includes plant and machine operators; assembly-line operators; motor-vehicle drivers	<input type="radio"/>	<input type="radio"/>
<b>h) General Laborers</b> ----- Includes domestic helpers and cleaners; building caretakers; messengers, porters, and doorkeepers; farm, fishery, agricultural, and construction workers	<input type="radio"/>	<input type="radio"/>
<b>i) Corporate Manager or Senior Official</b> ----- Includes corporate managers such as managers of large companies (25 or more employees) or managers of departments within large companies; legislators or senior government officials; senior officials of special-interest organizations; military officers	<input type="radio"/>	<input type="radio"/>
<b>j) Professional</b> ----- Includes scientists; mathematicians; computer scientists; architects; engineers; life science and health professionals; teachers; legal professionals; police officers; social scientists; writers and artists; religious professionals	<input type="radio"/>	<input type="radio"/>
<b>k) Technician or Associate Professional</b> ----- Includes science, engineering, and computer associates and technicians; life science and health technicians and assistants; teacher aides; finance and sales associate professionals; business service agents; administrative assistants	<input type="radio"/>	<input type="radio"/>
<b>l) Not applicable</b> -----	<input type="radio"/>	<input type="radio"/>

# 18

**Do the child's <parents/guardians> talk with the child in the following languages?**

Check **all** that apply.

	<Parent/ Guardian A>	<Parent/ Guardian B>
a) <language of test> -----	<input type="checkbox"/>	<input type="checkbox"/>
b) <country-specific> -----	<input type="checkbox"/>	<input type="checkbox"/>
c) <country-specific> -----	<input type="checkbox"/>	<input type="checkbox"/>
d) <country-specific> -----	<input type="checkbox"/>	<input type="checkbox"/>
e) <country-specific> -----	<input type="checkbox"/>	<input type="checkbox"/>
f) Other -----	<input type="checkbox"/>	<input type="checkbox"/>
g) Not applicable -----	<input type="checkbox"/>	<input type="checkbox"/>



## 19

**Did your child stay home at any time because of the COVID-19 pandemic?**

Check **one** circle only.

Yes---

No---

(If No, thank you for completing this questionnaire)

## 20

**When your child was not in school, how did your child's school engage with your child's home-based learning?**

Check **one** circle for each line.

- |                                     | Yes                   | No                    |
|-------------------------------------|-----------------------|-----------------------|
| a) Reading assignments -----        | <input type="radio"/> | <input type="radio"/> |
| b) Online activities -----          | <input type="radio"/> | <input type="radio"/> |
| c) Printed learning materials ----- | <input type="radio"/> | <input type="radio"/> |

## 21

**Did you provide additional educational resources for your child during the pandemic?**

Check **one** circle for each line.

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| a) Books -----                               | <input type="radio"/> | <input type="radio"/> |
| b) Digital devices -----                     | <input type="radio"/> | <input type="radio"/> |
| c) Digitally-based learning activities ----- | <input type="radio"/> | <input type="radio"/> |
| d) Online instruction or tutoring -----      | <input type="radio"/> | <input type="radio"/> |

## 22

**Do you think your child's learning progress has been adversely affected?**

Check **one** circle only.

A lot---

Somewhat---

Not at all---

# Thank You

Thank you for taking the time  
to fill out this survey.







**PIRLS**

**2021**



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