Child's Name:	



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

Very difficult A little Very easy

1 2 3 4 5

School:	ame: acher:					he Book 8			
When c	did your chi	ild read	this bo	ok? Fro	m	to		(date	
	How	many	times d	id your c	hild rea	d this boo	ok?		
		1	2	3	more	than 3			
How much did your child like it?									
	Not at all			A little			A lot		
	1	0	2	3		4	5		
			How	difficult w	vas it?				
`	Very difficu	ılt		A little		•	Very eas	y	
	0 0			3	0	° (5		