

**HANDOUT 5D**

**Home Practice: Questioning**

Questions I asked my child:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Did I . . .	Question 1		Question 2	
Choose a good time to ask?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use a calm or positive tone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Show interest or understanding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paraphrase?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No