

Please take a few minutes for this brief survey and let us know if, **as a result of your child's overall experience with the SUMMER READING program . . .**

NOTE: If you have more than one child participating in Summer Reading, please complete one survey per child

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A
My child maintained or increased their reading skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is a more confident reader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child reads more often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child uses the library more often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did your child like most about the program/service?

What could the library do to help your child continue to learn more?

Program Name:

Date:

Time:

Location:



SUMMER READING