

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

Please take a few minutes to complete this brief survey. As a result of your experience today with the Summer Reading activity...

Strongly Disagree Disagree Neither Agree Strongly Agree  
 NA

1. My child maintained or increased their reading skills

2. My child will be a more confident reader

3. My child will read more often

4. My child will use the Library more often

5. What did you like most about today's activity?

6. What could the Library do to help you continue to learn more?

7. Do you have a library card?  Yes  No  Don't Know

8. How did you learn about this program?

- Library Website
- Social Media
- Signs/Flyers in Library
- Newspaper
- Library Staff
- Word of Mouth
- Other \_\_\_\_\_

Date: Library Name:

Thank you for completing this survey! Please return it to your library.

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

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