

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. You learned something new from what you read or experienced | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. You will enjoy reading more | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. You will read more often | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. You will want to use the Library more often | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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:

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