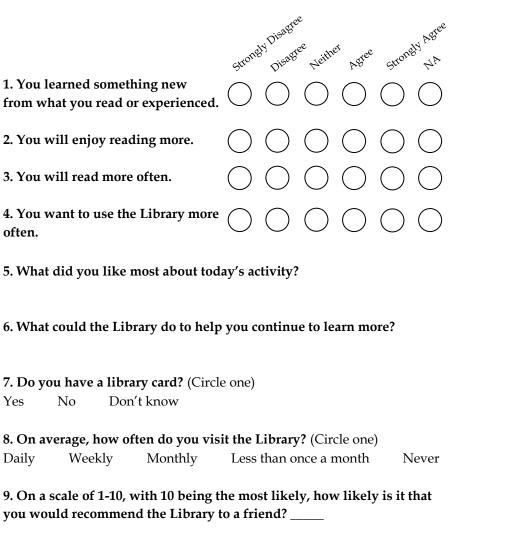


Please take a few minutes to complete this brief survey. As a result of your experience today with the Summer Reading activity...



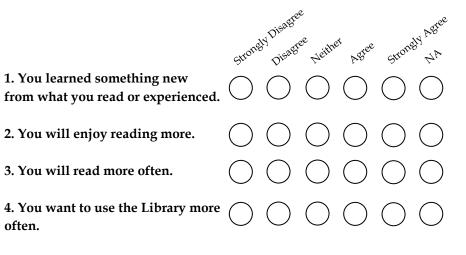
Date: _____/2019 Library Name: _____

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



Summer Reading 2019 Teen Program Attendee

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



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? (Circle one)YesNoDon't know

8. On average, how often do you visit the Library? (Circle one)DailyWeeklyMonthlyLess than once a monthNever

9. On a scale of 1-10, with 10 being the most likely, how likely is it that you would recommend the Library to a friend? _____

Date: _____/2019 Library Name: _____

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