Summer Reading 2017
Caregiver of Program Attendee

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...

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.