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

1. You learned something new from what you read or experienced
2. You will enjoy reading more
3. You will read more often
4. You will want to 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.