Summer Reading 2018
Adult Program Attendee

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. [ ] Strongly Disagree [ ] Disagree [ ] Neither [ ] Agree [ ] Strongly Agree [ ] NA

2. You will enjoy reading more. [ ] Strongly Disagree [ ] Disagree [ ] Neither [ ] Agree [ ] Strongly Agree [ ] NA

3. You will read more often. [ ] Strongly Disagree [ ] Disagree [ ] Neither [ ] Agree [ ] Strongly Agree [ ] NA

4. You will want to use the Library more often. [ ] Strongly Disagree [ ] Disagree [ ] Neither [ ] Agree [ ] Strongly Agree [ ] NA

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. What is the zip code of your home address?

9. What program did you attend today?

Date: ____________/2018   Library Name:

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