

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...

Strongly Disagree Disagree Neither Agree Strongly Agree
 NA

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 your child like most about today's activity?

6. What could the Library do to help your child continue to learn more?

7. Does your child have a library card?
 Yes No Don't Know

8. What is the name of your child's school?

9. What program did your child attend today?

Date: _____/2018 Library Name:

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

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