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.

   - Strongly Disagree
   - Disagree
   - Neither
   - Agree
   - Strongly Agree

2. My child will be a more confident reader.

   - Strongly Disagree
   - Disagree
   - Neither
   - Agree
   - Strongly Agree

3. My child will read more often.

   - Strongly Disagree
   - Disagree
   - Neither
   - Agree
   - Strongly Agree

4. My child will use the Library more often.

   - Strongly Disagree
   - Disagree
   - Neither
   - Agree
   - Strongly Agree

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.