



Summer Reading 2019
Caregiver of Program Attendee

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

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? (Circle one)

Yes No Don't know

8. On average, how often do you visit the Library? (Circle one)

Daily Weekly Monthly Less than once a month Never

9. On a scale of 1-10, with 10 being the most likely, how likely is it that you would recommend the Library to a friend or colleague? _____

Date: _____/2019 Library Name: _____

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



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