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...

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? (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.