



## Summer Reading 2019 Teen Program Attendee

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. You learned something new from what you read or experienced.**

**2. You will enjoy reading more.**

**3. You will read more often.**

**4. You want to use the Library more often.**

**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? (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? \_\_\_\_\_**

Date: \_\_\_\_\_ /2019    Library Name: \_\_\_\_\_

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



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