

## **Summer Reading 2017 Caregiver of Program Attendee**

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	Strong	Jy Disagre Disagr	e See Weith	er Agtee	Strong	MA MA	
1. My child maintained or increased their reading skills		Ŏ					
2. My child will be a more confident reader	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
3. My child will read more often	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
4. My child will use the Library more often	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
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? Yes No Don't Know							
8. How did you learn about this program?							
Library Website Social M	Лedia		Signs/	Flyers	in Lib	rary	
Newspaper Library	Staff	$\bigcirc$	Word	of Mou	ıth		
Other							
Date: Library I	Name:						



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

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