

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. You will enjoy reading more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. You will read more often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. You will want to use the Library more often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 Media Signs/Flyers in Library
 Newspaper Library Staff Word of Mouth
 Other _____

Date:

Library Name:

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

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