

Program Survey

1. How many child(ren) are with you today? _____

2. What are their ages? _____

3. About how often do you come to this library?

- This is my first time A few times each year About once each month Every week

Check the box that shows how you feel about each statement.

4. This activity was a valuable learning experience for my child(ren).

- Strongly Agree Agree Neutral Disagree Strongly Disagree

5. I learned something new during the program.

- Strongly Agree Agree Neutral Disagree Strongly Disagree

Please provide any additional feedback about the program.



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