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.**

[Box for additional feedback]