

Program Survey

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

2. What are their ages? _____

For each of the following questions, please respond by checking the appropriate box(es).

3. How did you hear about this library program? Check all that apply.

- Online Posted advertisement (Flyer, brochure, etc.)
 Word of mouth Other (please explain): _____

4. 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.

5. This program was a valuable learning experience for my child(ren).

- Strongly Agree Agree Neutral Disagree Strongly Disagree

6. I learned something new during the program.

- Strongly Agree Agree Neutral Disagree Strongly Disagree

7. I tried or plan to try something new with my child(ren) based on what I learned today.

- Yes, definitely Probably Not sure Not likely

8. Would you bring your child(ren) to this or a similar library program again?

- Yes No Not sure

Please provide any additional feedback about the program.

