

Program Name: _____

Date: ____/____/____.

YOUR FEEDBACK IS IMPORTANT TO US! Please take two minutes to help us improve.

For each question, please circle one answer.

1. My child maintained or increased their reading skills.

Strongly Agree Agree Neither Agree or Disagree Disagree Disagree Strongly N/A

2. My child is a more confident reader.

Strongly Agree Agree Neither Agree or Disagree Disagree Disagree Strongly N/A

3. My child reads more often.

Strongly Agree Agree Neither Agree or Disagree Disagree Disagree Strongly N/A

4. My child uses the library more often.

Strongly Agree Agree Neither Agree or Disagree Disagree Disagree Strongly N/A

5. What did you like most about the program/service?

6. What could the library do to help your child continue to learn more?