

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. You learned something that you can share with your children.

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

2. You feel more confident to help your children learn.

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

3. You will spend more time interacting with your children (e.g., reading, talking, singing, writing, playing).

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

4. You are more aware of applicable resources and services provided by the library.

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

5. What did you like most about the program?

6. What could the library do to improve your children's enjoyment of reading?