Summer Reading Survey

Branch: ___________________________ Grade (Fall): ___________________________

After participating in Bookawocky…
Are you a stronger reader? Circle one. Yes No
Did you learn something new? Circle one. Yes No
Do you want to read more? Circle one. Yes No

How did you use the library this summer? Check all that apply.

☐ Found books ☐ Used the website/catalog
☐ Checked out books ☐ Downloaded something
☐ Asked questions ☐ Talked to a librarian
☐ Went to a program ☐ Other: ___________________________

Library Program Evaluation

Program Name: ____________________________________________
Location: ____________________________
Date: ____________________________

Please rate the quality of this program. Circle one.
1 2 3 4 5
Poor Excellent

What are the age ranges of family members attending this program?
☐ Birth–5 ☐ 18–34
☐ 6–11 ☐ 35–54
☐ 12–17 ☐ 55 or over

Will you use the library and its resources more as a result of attending this program? Circle one. Yes No
Did you learn something new at this program? Circle one. Yes No
How could this program be improved?
__________________________________________

What other programs would you like to see offered at this library?
__________________________________________

How did you hear about this program? Check all that apply.
☐ Library program guide ☐ Library social media
☐ Poster at the library ☐ Ad or article: Source ______________
☐ Poster in the community ☐ Referred by library staff
☐ Library eNews ☐ Referred by friend/family
☐ Library website ☐ Other: __________________________

Yes, please send Library news and program listings to my email inbox.
☐ Adult (Monthly) ☐ Teen (Monthly) ☐ Children’s (Bi-weekly)

Email address (please print): ____________________________________________