

## 2016 Summer Reading Program Survey for Parents

Please help your local library and the New Mexico State Library evaluate the 2016 Summer Reading Program. Your answers on this survey will help obtain funding for the program as well as improve it. Thank you for your time and we appreciate your participation.

\* 1. Please provide the name of the library where you participated in the Summer Reading Program.

2. How many children, under your care, participated in the Summer Reading Program, in each age group?

	0-3 years old	4-6 years old	7-9 years old	10-12 years old	13-15 years old	16-18 years old
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Does your child(ren) have library cards?

Yes

No

4. If your child(ren) does not have a library card, do you?

Yes

No

5. How did you first learn about the Summer Reading Program?

- At school
- At my local library
- On the library's website
- Flyer
- Word of mouth
- On tv or radio or in newspaper

Other source (please specify)

6. We participated in the Summer Reading Program...

- for the first time this year
- at this location previously
- in a similar program in another library

7. As a result of participation in the Summer Reading Program, did your child(ren)'s...

	Increase	Remain the Same	Decrease
Enjoyment of reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading more voluntarily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading skill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socializing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (optional)

8. Will you continue to bring your children to the library this fall?

Yes

No

Comments (optional)

9. The incentives and awards offered by the Summer Reading Program encouraged my child to read.

Yes

No

Comments (optional)

10. What was your or your child(ren)'s favorite part of the Summer Reading Program, and why?

11. Please let us know in your own words what a difference the 2016 Summer Reading Program has made for your child(ren) and family.