Buffalo & Erie County Public LIBRARY

Summer Reading 2018
Teen Program Attendee

Please take a few minutes to complete this brief survey. As a result of your experience today with the Summer Reading activity...

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	NA
1. You learned something new from what you read or experienced.	○	○	○	○	○	○
2. You will enjoy reading more.	○	○	○	○	○	○
3. You will read more often.	○	○	○	○	○	○
4. You will want to use the Library more often.	○	○	○	○	○	○

5. What did you like most about today's activity?

6. What could the Library do to help you continue to learn more?

7. Do you have a library card? ○ Yes ○ No ○ Don't Know

8. What is the name of the school you will attend this fall?

9. What program did you attend today?

Date: _____/2018   **Library Name:**

Thank you for completing this survey! Please return it to your library.