Prime Time Family Reading is brought to you and your family by Humanities Washington, in partnership with the Louisiana Endowment for the Humanities. Thank you for participating. We hope you have had a good experience. Please take a few minutes to complete a short survey.

Date: _________________________________ School: _________________________________

Your Name: _______________________________ Child’s name: _______________________________

• What is your relationship to the child(ren) attending Prime Time with you?
  (mother, father, aunt, uncle, sibling, guardian, etc.) _________________________________

• Did your family have library cards before Prime Time?
  □ Yes | □ No If yes, how many? ______

• Do you and your family have library cards now?
  □ Yes | □ No If yes, how many? ______

• I learned something by participating in this library activity.
  Strongly Agree Agree Neither Disagree Strongly Disagree
  □          □          □          □          □

Optional Comments:

• I am confident about using what I have learned.
  Strongly Agree Agree Neither Disagree Strongly Disagree
  □          □          □          □          □

Optional Comments:

• I am likely to apply what I have learned.
  Strongly Agree Agree Neither Disagree Strongly Disagree
  □          □          □          □          □

Optional Comments:

• I am more likely to participate in a similar library activity.
  Strongly Agree Agree Neither Disagree Strongly Disagree
  □          □          □          □          □

Optional Comments:

• I am more likely to use other library services and resources.
  Strongly Agree Agree Neither Disagree Strongly Disagree
  □          □          □          □          □

Optional Comments:

OVER
• How often did you visit the library before Prime Time?
  - Daily | Weekly | Monthly | Yearly | Never

• How often do you plan on visiting the library after Prime Time ends?
  - Daily | Weekly | Monthly | Yearly

• Before Prime Time, did your family read together?
  - Yes | No
  If yes, how often? __________

• Does your family read together now?
  - Yes | No
  If yes, how often? __________

• Has your child’s attitude toward reading changed over the last six weeks of the program – if yes, how so?

• How has participating in Prime Time changed the way you and your child read together?

• What are some examples of things you and your child have discussed during the program and during at-home reading time?

• Which of the group discussions during the six-week sessions was most enjoyable/interesting for you and your family, and why?

• May we contact you in the future to discuss Prime Time?
  Phone:
  Email:
  Address:

Thank you for taking time to share your thoughts and opinions.