| Name of the library where you participated n the Summer Reading Program. | | 2. How many children (0-18 years), under your care, participated in the Summer Reading Program? | | |
|---|--------------------|--|----------|----------------|
| | | | | |
| s. How did you first learn about the S | | rogram? | | |
| | | | | |
| . As a result of participation in the S | ···mmar Reading Pr | | 'o | |
| . As a result of participation in the s | Increase | Remain the same | Decrease | Not Applicable |
| Enjoyment of reading | | | | |
| Reading more voluntarily | | | | |
| Reading skill | | | | |
| Amount of reading | | | | |
| Use of library | | | | |
| Verbal communication skills | | | | |
| Written communication skills | | | | |
| 5. Will you continue to bring your child(ren) to the library after Summer Reading ends? Yes No Comments (optional) | | 6. The incentives and awards offered by the Summer Reading Program encouraged my child(ren) to read. Yes No Comments (optional) | | |
| '. Please let us know what impact th | | eading Program has made | | and family, or |

Please help your local library and the New Mexico State Library evaluate the 2019 Summer Reading Program. Your