

Prime Time Family Reading Time® Completion Survey

Site name: _____ Program start date: _____

Reading Habits

1. Has Prime Time changed the way you and your child read and discuss books?

- Yes How? _____
- No Why? _____

2. As a result of Prime Time, do you read with your child more often?

- Yes No Why? _____

3. Has your child shared stories or experiences from Prime Time with other family members?

- Yes No Why? _____

4. How many books does your child read each week?

- None 1-2 books 3-4 books 5 or more books

Library Knowledge

5. How often do you and your child use the library each week?

- Once a week 2-3 times 4-5 times
- More than 5 times

6. Which library resources do you use?

- Books Magazines Newspapers
- Books on tape Computer
- Other _____

7. Has Prime Time changed your attitude towards the library?

- Yes No change
- If yes, how?

8. Has Prime Time changed your child's attitude towards the library?

- Yes No
- If yes, how?

9. What services would you like the library to offer?

Program Curriculum

10. How would you rate the books that are read at each Prime Time session?

- Poor Average Good Excellent

11. How would you rate the discussion leaders and storytellers at the Prime Time sessions?

- Poor Average Good Excellent

Other

12. Will you and your child participate again in Prime Time or similar family reading and educational programs?

- Yes No

13. How has Prime Time benefited your family?

14. How can Prime Time be improved?

15. Additional comments or suggestions about this program:

16. May we contact you later to ask about your experience with Prime Time?

- Yes No

Name _____

Address _____

Phone number _____