PARENT/CAREGIVER SURVEY

1. What was the theme of the STEM to Read activity your child participated in today? _________________________________________________________________

2. Is this a program you would bring your child to again at the library?
   Yes _____ No _____ Why? ________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

3. What were your child's favorite parts of the program? ______________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

4. Do you plan to replicate some of these activities at home to continue the learning? _____ If not, why? ________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

5. Do you think this program helped prepare your child for learning to read?
   Yes _____ No _____ Why? ________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

6. Do you think this program increased your child's interest in STEM (Science, Technology, Engineering and Math)?
   Yes _____ No _____ Why? ________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
7. What is the age of the child who participated in today’s program? _________

8. How often do you visit the library?
   More than once a week   _____
   Once a week             _____
   Several times a month  _____
   Once a month            _____
   Every few months       _____
   This was your first visit _____

9. Any other comments? _________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

   Thank you for your time in filling out this survey!