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Storytime Program Evaluation Form

Thank you for completing this survey. The information that you supply will help us better design programs in the future.

I have and/or work with a child between the ages of 3 and 5 years old.

Yes No

My child/children attend library programs frequently.

Yes No

I read to my child at least three times a week.

Yes No

As a result of attending Library programs, I am better prepared to develop pre-reading skills in my child/children.

Yes No

My child has shown a greater interest in reading together at home since we began attending storytime.

Yes No

Since attending storytime, my child has shown signs of the following behaviors:

Yes No Participates in storytime by actively listening to stories and singing songs

Yes No Holds a book right-side up

Yes No Turns the pages of a book in the correct direction

Yes No Can identify the first letter of his/her name

Yes No Can say or sing the alphabet

Yes No Can identify the initial sounds of words

Yes No Uses adjectives when prompted to describe something with picture cues (e.g. big, fast, red ball, etc.)

Yes No Rhyme with one or more given words

Yes No Can tell a story with a beginning, middle, and end

Please share how attending storytime has impacted your child:
