PRIME TIME FAMILY READING TIME® 90-Day Survey

Name: ___________________________ Race: ___________________________

1. What is your relationship to the child(ren) attending PRIME TIME with you?
   □ Mother □ Father □ Grandmother □ Grandfather
   □ Guardian □ Brother/Sister □ Uncle/Aunt □ Other:

2. Have you participated in a PRIME TIME program before? □ Yes □ No
   If yes, please select one: □ Within last 6 months □ Within last year □ Within 2 Years □ Longer

3. How often do you and your child(ren) read together?
   □ Every day □ At least once weekly □ At least once monthly □ A few times a year □ Never

4. What is the name/title of the last book that you and your child(ren) read together?

5. Do you or your child(ren) ask questions about the stories during or after the reading?
   □ Frequently □ Sometimes □ Rarely □ Never

6. Do you and your child(ren) find new meaning, ideas, or conclusions during or after the reading?
   □ Frequently □ Sometimes □ Rarely □ Never

7. How often do you and your child(ren) visit the public library?
   □ Every Day □ At Least Once Weekly □ At Least Once Monthly □ A few times a year □ Never

8. How much do you agree with the following statements?
   a. It is very important for families to share stories together.
      □ Strongly Agree □ Agree □ Disagree □ Strongly Disagree
   b. Reading and talking about books at home helps my child(ren) do better in school.
      □ Strongly Agree □ Agree □ Disagree □ Strongly Disagree
   c. Reading together as a family is an enjoyable activity.
      □ Strongly Agree □ Agree □ Disagree □ Strongly Disagree

9. Participating in PRIME TIME has improved your child’s attitude about reading and learning?
   □ Strongly Agree □ Agree □ Disagree □ Strongly Disagree
   Comments:

10. Participating in PRIME TIME has helped improve your child’s school performance?
    □ Strongly Agree □ Agree □ Disagree □ Strongly Disagree
    Comments:

11. Which subject(s) have you seen improvement in your child’s studies at school?
    □ Language Arts □ Reading □ Math □ Science □ Other

12. I learned something by participating in this library activity.
13. I am confident about using what I have learned.
   □ Strongly Agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly Disagree

14. I am likely to apply what I have learned.
   □ Strongly Agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly Disagree

15. I am more likely to participate in a similar library activity.
   □ Strongly Agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly Disagree

16. I am more likely to use other library services and resources.
   □ Strongly Agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly Disagree

Any comments you would like to add about this program?

THIS SECTION TO BE COMPLETED BY THE LIBRARY COORDINATOR:

Site name: ________________________________  Date: ____________________