EVALUATION
2014 SUMMER READING PROGRAM
Nebraska Library Commission

Please fill out the following form when your summer program is completed.
Return it to: Sally Snyder
Nebraska Library Commission
1200 N Street, Suite 120
Lincoln, NE 68508-2023

Library: _____

Dates of your summer reading program: _____

Number of programs held: _____

How many children attended, in total _____ or, on average_____

Please describe special programs, materials or services that you offered:

_____

_____

_____

_____

_____

_____

What outcomes of your efforts for children did you observe or hear about? _____

_____

_____

Was the SRP manual helpful to you? _____

What did you like best about the manual? _____

_____

_____

Thank you for your input!

FIZZ BOOM READ