PRIME TIME FAMILY READING TIME®
Completion Survey

Name:______________________________________________________________

Prime Time Location:________________________________________________

Please answer the questions below for you and the child(ren) who attended PRIME TIME with you.

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.) 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

3.) 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

4.) 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

5.) What did you learn from participating in Prime Time Family Reading Time program?