

# 2018 Summer STEM from Your Library: Adult Evaluation

Scan this QR code to  
take the survey online



1. How many times has your child attended a Summer STEM from your Library activity this summer? *(Circle one)*  
1-3 times    4-7 times    8 or more times    none
2. Did your child learn anything new as a result of the Summer STEM from your Library activities? *(Circle one)*  
Yes    No    I don't know
3. Did your child want to learn more about STEM after participating in the Summer STEM from your Library activities? *(Circle one)*  
Yes    No    I don't know
4. Please estimate the number of minutes your child reads or is read o each day. *(Circle one)*  
0 minutes    1-14 minutes    15-30 minutes    more than 30 minutes
5. Is your child participating in the public library's Summer Reading program? *(Circle one)*  
Yes    No    I don't know
6. What is the name of the Idaho library hosting this Summer STEM activity?
7. What is your child's age?

Feel free to share any other comments or suggestions about this program: