

Stork Storytime Reads Survey

Thank you for participating in the Reads program. Please complete this brief survey so the library can better understand the impact of this program on expecting families.

1. Was anyone reading aloud before beginning this program?
 - a. Yes
 - b. No
2. Did your family develop a reading routine by participating in this program?
 - a. Yes
 - b. No
 - c. Maybe
3. Did your family enjoy the read alouds?
 - a. Yes
 - b. No
 - c. Maybe
4. Who in the family participated in this program? (Mark all that apply)
 - a. Mom/Dad
 - b. Significant other
 - c. Siblings
 - d. Grandparents
 - e. Other:
5. Did the people doing the read alouds feel more comfortable reading out loud by the end of the program?

	Yes	No	Don't Know
Mom/Dad:			
Significant other:			
Siblings:			
Grandparent(s):			
Other:			
6. Does the family plan to continue reading after baby arrives?
 - a. Yes
 - b. No
 - c. Maybe
 - d. Don't Know
7. Other comments or suggestions?