



## Evaluation Form

**Kit Theme:** \_\_\_\_\_ **Kit Branch:** \_\_\_\_\_ **Date:** \_\_\_\_\_

How did you learn about the kits? (please circle all that apply)

Newsletter (Print)    Newsletter (Email)    Library Staff    Word of Mouth    Social Media    Other \_\_\_\_\_

What did you most appreciate about the kit?

How would you rate the convenience of the reservation process?

Poor    Fair    Good    Very Good    Excellent

How would you rate the convenience of the checkout/check-in process?

Poor    Fair    Good    Very Good    Excellent

As a result of using this kit do you feel that you are reading more with your child(ren)?                      Yes                      No

What would you suggest to improve this kit?

What other kits would you like to see offered in the future?

Your contact information (optional):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Thank you for filling out this survey. We strive to provide the best events possible for our community, and value your input. Responses to all questions are not required, but information gathered here will help us plan and market our services in the future. Responses may be used to explain the value of Story Express Kits in the future.