

Sample Family Survey

| What did you like best about the program? |
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| What other types of programs would you like to see at the library? |
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| Are there days or times that would work better for your family for library programs? |
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| Do you think that this program was beneficial to your family? |
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| Will you visit the library again for this program? Yes No Maybe |
| How did you learn about this program? |

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