****

**Parent/Caregiver Survey**

We need your help to evaluate and improve the TD Summer Reading Club. If you have more than one child participating in the Club, please complete one survey per child.

1. **What town/city do you live in?**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

1. **Which province/territory do you live in?**

* Alberta
* British Columbia
* Manitoba
* New Brunswick
* Newfoundland and Labrador
* Northwest Territories
* Nova Scotia
* Nunavut
* Ontario
* Prince Edward Island
* Quebec
* Saskatchewan
* Yukon

1. **How old is your child?**

* 0-5 years
* 6-8 years
* 9-12 years
* 13+ years

1. **Are you aware of the importance of kids reading and engaging in learning activities through the summer to reduce summer reading and learning loss?**

* Yes
* No

1. **As a result of joining the TD Summer Reading Club, (please circle your response)**
2. My child reads more often.

Strongly Disagree Disagree Neither Agree Strongly Agree

1. My child is a more confident reader.

Strongly Disagree Disagree Neither Agree Strongly Agree

1. My child maintained or improved their reading skills.

Strongly Disagree Disagree Neither Agree Strongly Agree

1. My child has increased self-esteem and social confidence because of their interaction with other TD SRC participants.

Strongly Disagree Disagree Neither Agree Strongly Agree

1. My child was able to find books that reflected their identity and experiences.

Strongly Disagree Disagree Neither Agree Strongly Agree

1. My child discovered Canadian children’s writers and illustrators.

Strongly Disagree Disagree Neither Agree Strongly Agree

1. We engaged in reading activities as a family during the summer.

Strongly Disagree Disagree Neither Agree Strongly Agree

1. **Did the free program materials provided by the library (e.g. notebook, stickers, top recommended reads) add to your child's enjoyment of the TD Summer Reading Club?**

* Yes
* No

If you answered **no**, please help us to understand why you selected this answer.

1. **If your child has a print disability, were you able to find information about accessible options for reading and activities?**

* Yes
* No
* Not applicable

If you answered **no**, please help us to understand why you selected this answer.

1. **Will you and your family take part in the TD Summer Reading Club again?**

* Yes
* No
* Not sure

If you answered **no** or **not sure**, please help us to understand why you selected this answer.

1. **Is there anything else you would like to tell us about the TD Summer Reading Club, and how it affected your child and family?**

Thank you!