

Collaborative Summer Library Program (CSLP) Evaluation

Name of Library: _____

Your Name and position: _____

Children's Program: Start Date _____ End Date _____

YA Program: Start Date _____ End Date _____

Adult Program: Start Date _____ End Date _____

1. Did your library utilize the Collaborative Summer Library Program materials?
YES NO (circle one)

2. Did you visit the CSLP website?
YES NO (circle one)

3. Did you use the Children's CSLP Program Manual?
YES NO (circle one)

If NO, why not? _____

Did you use the YA CSLP Program Manual?

YES NO (circle one)

If NO, why not? _____

Did you use the Adult Program ideas found on the CSLP website?

YES NO (circle one)

If NO, why not? _____

Comments: _____

4. Did your library staff attend your system's Summer Reading workshop?
YES NO (circle one)

a. Number attending from your library _____

b. Was the workshop helpful in planning your programs?

YES NO (circle one)

If NO, why not? _____

Comments: _____

5. How many (including preschoolers) participated in the reading portion of your CSLP program?

Number of Children _____ Number of Young Adult _____ Number of Adult _____

Number using Blind/Physically Handicapped (Talking Books) materials _____

6. Number of programs or activities specifically for:

Children _____ Young Adult _____ Adult _____

Total attendance: *(number at each program added together; do not include accompanying adults at children's programs, or children at adult programs)*

Children _____ Young Adult _____ Adult _____

7. Your costs:

Upstart \$ _____ Other materials \$ _____ Performers \$ _____

DO NOT include staff time, or materials provided by the state/system

8. Donated prizes/material: Total value \$ _____