Summer Library Program Evaluation
NOTE: This sheet is only for reference. The official report will be submitted online. NEKLS staff will send out an email when the online form is available.

Name of Library:_____

Your Name and position:_____

Early Literacy Program: Start Date: _____   End Date _____(birth to 5yrs)
Children's Program: Start Date _____   End Date_____(age 6-11yrs)
YA Program: Start Date _____   End Date_____(age 12-18yrs)
Adult Program: Start Date _____   End Date_____(age 19+)

1. Did your library utilize the Collaborative Summer Library Program(CSLP) materials?
    ___YES   ___NO (circle or check one)

2. Did you visit the CSLP website?
    ___YES   ___NO (circle or check one)

3. Did you use any ideas or materials from the CSLP manuals? (check those used)
    Early Literacy___ Children ___ Teen ___ Adult ___ None Used____
    Comments:_____

4. Did your library staff attend your system's Summer Reading workshop?
    ___YES   ___NO (circle or check one)
    a. Number attending from your library _____
    b. Was the workshop helpful in planning your programs?
       ___YES   ___NO (circle or check one)
    If NO, why not? _____
Comments:_____

5. How many participated in the reading portion of your summer program?
Number of Early Literacy Children_____ (birth to 5yrs)
Number of School Age Children_____(ages 6-11yrs)
Number of Young Adult _____ (ages 12-18yrs)
Number of Adult_____ (age 19 +)
Number using Blind/Physically Handicapped (Talking Books) materials_____
(Please count all participants regardless of recordkeeping method. Participation includes signed up, read or completed.)

6. Number of summer library events or activities specifically for:
Early Lit Children _____(birth to 5yrs) School Age Children _____(age 6-11yrs)
Young Adult _____ (age 12-18yrs)   Adult_____(age19+)

7. Total attendance: (number at each event added together)
Early Lit Children _____(birth to 5yrs) School Age Children _____(age 6-11yrs)
Young Adult _____ (age 12-18yrs)   Adult_____(age19+)
        Please include everyone in attendance regardless of age

8. Your cost of materials ordered from:
    Upstart $_____Other Materials$_____ Performers $_____
    DO NOT include staff time, or materials provided by the state/system

9. Donated prizes/material: Total value $_____
        (include Friends groups, Library foundations and community partners)