

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 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)
___ Children ___ Early Literacy ___ 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 CSLP program?

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

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

(Please count all participants regardless of recordkeeping method. Participation includes signed up, read or completed. Included preschoolers with children)

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 cost of materials ordered from:

Upstart \$ _____ Other Materials \$ _____ Performers \$ _____

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

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