

23-24 Incoming Kindergarten Imagination Library Feedback

Hart Partners and the Hart County Charter System, in conjunction with the Hart County Imagination Library, are requesting your participation in the following survey of children entering kindergarten. The survey can be completed in five (or fewer) minutes. We are gathering information regarding the effectiveness of the Imagination Library program for data evaluation purposes only. Thank you in advance for your participation!

| * 1. | Guardian's First Name |
|------|--------------------------------------|
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| | |
| * 2. | Guardian's Last Name |
| | |
| | |
| * 3. | Incoming Kindergartener's First Name |
| | |
| | |
| * 4. | Incoming Kindergartener's Last Name |
| | |
| | |
| > | 5. Incoming Kindergartener's School |
| | Hartwell Elementary |
| | O North Hart Elementary |
| | Osouth Hart Elementary |

| * 6. Guardian's Relationship to Incoming Kindergartener |
|--|
| Mother |
| ○ Father |
| ○ Grandmother |
| ○ Grandfather |
| Other (please specify) |
| |
| * 7. Did your child participate in the Imagination Library program? |
| Yes |
| ○ No |
| |
| 8. If yes, how long did your child participate in the program? |
| O-1 Year |
| 2-3 Years |
| 4-5 Years |
| * 9. How often do you or another family member read a picture book with your child? |
| ○ Never |
| Once or Twice Each Month |
| Once or Twice Each Week |
| Almost Daily |
| Oaily |
| * 10. How often does your child look at books by him/herself? |
| ○ Never |
| Once or Twice Each Month |
| Once or Twice Each Week |
| Almost Daily |
| Oaily |
| * 11. How often does your child see an adult reading (newspaper, magazine, book, recipe etc.)? |
| ○ Never |
| Once or Twice Each Month |
| Once or Twice Each Week |
| Almost Daily |
| ○ Daily |

| * 12. When your child is read to or looks at books, how much does he/she enjoy it? |
|---|
| Not At All |
| A Little |
| ○ Moderately |
| ○ Very Much |
| * 13. When you read to your child, how much do you enjoy it? |
| ○ Not At All |
| A Little |
| ○ Moderately |
| ○ Very Much |
| * 14. I give permission for the Hart County Charter System to share my child's school readiness score with Hart Partners for program evaluation purposes and to follow future academic progress. I understand that no names or scores will be released to any other entity. |
| Yes |
| ○ No |
| 15. Guardian's Phone Number |
| 16. Guardian's Email Address |