

SUMMER READING PROGRAM STUDY

SUMMER 2009

FINAL POSTCARD

Paperwork Burden Statement

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Office Use Only:
ID: _____

Your Summer

1) **Did you go to summer school or a summer camp that was like school?**

- No
 Yes, for _____ weeks

2) **How many books did you read this summer?** _____

3) **How many times did you visit a library this summer?**

- Never
 1 or 2 visits
 3 or more visits

4) **Do you get a daily newspaper at home?**

- Yes No

5) **How many magazines do you get at home?** No magazines

- 1 or 2 magazines
 3 or more magazines

6) **About how many children's books do you have in your home?**

- 0-15 books
 16-30 books
 31-50 books
 more than 50 books

Have a family member mail this soon!

Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law.