We'd love to hear your feedback!

Please fill this out and hand back to the librarian when you return the kit. Thanks!

| • | Did this kit encourage you to get out of doors and active? |
|---|---|
| | Yes |
| | No |
| | Were the instructions and equipment provided in this kit adequate for you to play this activity? |
| | Yes |
| | No |
| | About how much time did you spend playing with the equipment? |
| | About 30 minutes |
| | 30-60 minutes |
| | More than 60 minutes |
| | Do you expect to sign out this physical literacy kit again or another kit from the library in the future? |
| | Yes |
| | No |
| | |

Do you have any suggestions or comments?



