Survey Opt Out Form

Cuyahoga County Public Library is interested in examining the effectiveness of our youth programming. In order to determine the program’s impact, we are asking youth participants to fill out a survey. The survey will take approximately 3 to 5 minutes to complete. Information about the program will only be reported for groups of youth, so no information about any individual child/teen will be shared with others.

Taking part in this survey is entirely voluntary. No one will hold it against you or your child/teen if you decide not to take part in the survey.

Please return this form only if you do not want your child to take part in this anonymous survey. Please fill out the information, sign and return to the Librarian leading the program prior to the last day of the program. If you do not return this form, Cuyahoga County Public Library will assume you have granted permission for your child to participate.

If you would like to learn more about this project, please call Literacy & Learning Division Director Pam Jankowski at 216.749.9353.

Upon request, we will be happy to provide a copy of the survey.

Child’s name ___________________________ Program Date ___________________________

Program Title ___________________________ Branch ___________________________

I do not grant permission for my child to participate in Cuyahoga County Public Library’s Program Survey.

Parent’s/Guardian’s Signature ___________________________ Date ___________________________