



Welcome to Story Time!

Thank you for bringing your child/ren to the library.

We want your experience at the Hopkinton Town Library to be a positive one. Because we care, we'd like you to answer the following questions. This form is confidential.

Child's Name _____

Family Email _____

Is this your child's first experience sitting in a group setting?

Name a few things that your child is interested in.

How can we give your family the best possible experience at the library?

Is there anything you would like us to know about your child that would help make Story Time a positive experience?

Does your child need any medical or emotional support from us? (allergies, etc.)

We've purchased a variety of special seating that will be available upon request. These include rockers, cushions, and sensory sacks. We also have weighted lap pads and will be getting noise reduction headphones soon. If your child would benefit from the use of any of these items, please let us know.

We recognize that families have busy lives and appreciate your input. Feel free to let us know how we can give your child the best experience possible.

Donna Dunlop

Leigh Maynard

8/20/19

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