

What's in it for you?



Please fill out this brief questionnaire for your library.

Name			
City you live in?			
Level of Study		Country of origin/Ethnicity	

What are the barriers keeping you from succeeding in your community?

If we offered a class or program at the library to help you break down a barrier, would you be interested? Yes No

What programs or classes offered by the library will be of benefit to you?

ADULT

CHILDREN

<input type="checkbox"/> Computer Classes	<input type="checkbox"/> Story Times/Bilingual Story Times
<input type="checkbox"/> The use of Computer & Free Internet	<input type="checkbox"/> Homework Help ~ Grades 1-12
<input type="checkbox"/> Basic English Classes	<input type="checkbox"/> Craft program
<input type="checkbox"/> English Conversation Classes	<input type="checkbox"/> Book Club ~ Grades 3-8
<input type="checkbox"/> Citizenship Preparation Classes	
<input type="checkbox"/> TASC/GED <input type="checkbox"/> TASC/GED in Spanish (High School Equivalency diploma instruction)	
<input type="checkbox"/> Job Skills Workshop	
<input type="checkbox"/> Health Workshops	

What time of the day would you prefer classes? Day Afternoon Evening

Do you prefer programs on the weekend? Yes No

If you want us to contact you and inform you of an upcoming class or program please give us your:

Phone: _____

Email: _____

Have any questions? Call or Email:

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