Program Evaluation Form

At Anytown Public Library, we continually strive to improve our programs.
Your input into the program you recently attended will assist us with this process.

Program Location:

☐ Branch XXX ☐ Branch XXX ☐ Branch XXX

Program Attended: _____

Presenter's Name: _____

Date: _____

Your Name (optional): _____ Phone or email: _____

Please indicate your level of satisfaction with each of the following:

Program met my expectations	*poor*	*fair*	*satisfactory*	*good*	*excellent*
Program content	*poor*	*fair*	*satisfactory*	*good*	*excellent*
Ability of presenter to communicate content	*poor*	*fair*	*satisfactory*	*good*	*excellent*
Content and usefulness of handouts	*poor*	*fair*	*satisfactory*	*good*	*excellent*
Area in which program was held	*poor*	*fair*	*satisfactory*	*good*	*excellent*
Convenience of program day and time	*poor*	*fair*	*satisfactory*	*good*	*excellent*
Overall, how would you rate this program	*poor*	*fair*	*satisfactory*	*good*	*excellent*

If you answered "poor" or "fair" to any of the above please indicate your reasons:

_____

Did you use library resources or check out material as a result of this program?	*Yes*	*No*
Would you recommend this program to friends or family?	*Yes*	*No*

How did you hear about this program? _____

What changes, if any, would you recommend for this program? _____

_____

Do you have any suggestions for future programs? _____

Additional Comments:

_____

_____

_____

Thanks for providing your feedback!