

Please take a few minutes to evaluate this program.

Leave your evaluation sheet at the library. Thanks!

Staff: Please send completed forms to Name of Program Organizer Here

1. Title of program you attended _____

2. Location where you attended the program _____

3. Do you have an Anytown Public Library card?

yes no

4. Have you ever attended a program at APL before?

never once more than 3

5. How did you hear about this program (check all that apply)?

library newsletter postcard mailing
 newspaper advertisement or article poster or bookmark
 radio advertisement

6. Overall, how would you rate today's program?

poor fair good excellent

7. How would you rate the program's usefulness or enjoyment value?

poor fair good excellent

8. Would you come to another program at the library? yes no

9. What is the best day of the week and time of day for you to attend library programs? _____

10. Suggestions for future program topics: _____

If you would like to be informed of upcoming events, please give us your name and address.

Name: _____

Address: _____

City _____

State _____ Zip Code _____