

# 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: \_\_\_\_\_

Your Name (optional): \_\_\_\_\_ Phone or email: \_\_\_\_\_

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

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

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?

\_\_\_\_\_

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

Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State Zip Code \_\_\_\_\_

Thanks for providing your feedback!

# 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 \_\_\_\_\_