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
- 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?
__________________________________________________

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
   newspaper advertisement or article
   postcard mailing
   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 ____________________________