DRAFT

Quick Survey about the Program

Thank you for your participation in this program. Please provide your feedback about the program by completing the following questions. Thank you!

1. I learned something by participating in this library activity.

Strongly Agree	Agree	Neither Disagree or Agree	Disagree	Strongly Disagree
○	○	○	○	○

(Optional) Comments

```
```

2. I am confident about using what I have learned.

Strongly Agree	Agree	Neither Disagree or Agree	Disagree	Strongly Disagree
○	○	○	○	○

(Optional) Comments

```
```

3. I am likely to apply what I have learned.

Strongly Agree	Agree	Neither Disagree or Agree	Disagree	Strongly Disagree
○	○	○	○	○

(Optional) Comments

```
```

4. Applying what I learned will help improve library services to the public.

	Strongly Agree	Agree	Neither Disagree or Agree	Disagree	Strongly Disagree
	○	○	○	○	○

(Optional) Comments

[   ]

5. (OPTIONAL) Would you like to provide any other comments or suggestions about the program?

[   ]

DRAFT

Information about the Instructional Program
(Program Staff Should Complete)

DRAFT

Please respond to the following questions about this instructional program.

6. Session Title

7. Session Length in Minutes

8. Number of Sessions in Program

9. Average Number in Attendance per Session

10. Number of Times Program Administered