

Title of program: _____

Date of program: _____

Location:

Main Library

_____ Branch

Please circle the appropriate rating:

| Poor | Average | Good | Excellent |
|------|---------|------|-----------|
| 1 | 2 | 3 | 4 |

Program content

1 2 3 4

Presenter knowledge

1 2 3 4

Presenter delivery

1 2 3 4

Program met my expectations

1 2 3 4

Have you attended a Library program
in the past two years? Yes No

Are you likely to attend another
Library program? Yes No

How did you hear about this program?

Library newsletter akronlibrary.org

Staff Radio

Newspaper Friend

Flier Facebook

Twitter Other _____

Thanks! We appreciate your input.

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