

Program Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**YOUR FEEDBACK IS IMPORTANT TO US! Please take two minutes to help us improve.**

**For each question, please circle one answer.**

**1. You learned something new from what you read or experienced.**

Strongly Agree    Agree    Neither Agree or Disagree    Disagree    Disagree Strongly    N/A

**2. You enjoy reading more.**

Strongly Agree    Agree    Neither Agree or Disagree    Disagree    Disagree Strongly    N/A

**3. You read more often.**

Strongly Agree    Agree    Neither Agree or Disagree    Disagree    Disagree Strongly    N/A

**4. You want to use the library more often.**

Strongly Agree    Agree    Neither Agree or Disagree    Disagree    Disagree Strongly    N/A

**5. What did you like most about the program/service?**

**6. What could the library do to help you continue to learn more?**