

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 are more aware of some issue in your community.

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

2. You feel more confident about becoming involved in your community.

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

3. You intend on becoming more engaged in your community.

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

4. You are more aware of applicable resources and services provided by the library.

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

5. What did you like most about the program?

6. What could the library do to better assist you in learning more?