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 feel more knowledgeable about using digital resources.

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

2. You feel more confident when using digital resources.

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

3. You intend to apply what you just learned.

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 improve your learning?

7. Are there other subjects you would like to learn at this library?