|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Session Title:** |  | | | | |
| Thank you for your participation in this program.  Please provide your feedback about the program by completing the following questions. | | | | | |
| 1. I learned something by participating in this library activity. | | | | | |
| Strongly Agree | | Agree | Neither Disagree or Agree | Disagree | Strongly Disagree |
|  | |  |  |  |  |
| (Optional) Comments | | | | | |
|  | | | | | |
| 1. I feel more confident about what I just learned. | | | | | |
| Strongly Agree | | Agree | Neither Disagree or Agree | Disagree | Strongly Disagree |
|  | |  |  |  |  |
| (Optional) Comments | | | | | |
|  | | | | | |
| 1. I intend to apply what I just learned. | | | | | |
| Strongly Agree | | Agree | Neither Disagree or Agree | Disagree | Strongly Disagree |
|  | |  |  |  |  |
| (Optional) Comments | | | | | |
|  | | | | | |
| 1. I am more aware of resources and services provided by the library. | | | | | |
| Strongly Agree | | Agree | Neither Disagree or Agree | Disagree | Strongly Disagree |
|  | |  |  |  |  |
| (Optional) Comments | | | | | |
|  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. I am more likely to use other library services and resources. | | | | |
| Strongly Agree | Agree | Neither Disagree or Agree | Disagree | Strongly Disagree |
|  |  |  |  |  |
| (Optional) Comments | | | | |
|  | | | | |
| 1. (Optional-Not required by IMLS) What did you like most about this library program? | | | | |
|  | | | | |

1. (Optional-Not required by IMLS) What could the library do to better assist you in learning more?

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