

**APPENDIX B
SAMPLE PROGRAM EVALUATION FORM**



New Brunswick
Public Library
Service Service des
bibliothèques publiques
du Nouveau-Brunswick

PROGRAM EVALUATION FORM

Thank you for joining us!
By providing your comments, you are helping us
to plan future programs and services.

Date: _____ Program: _____

How did we do? Please check one box for each answer.

	Poor ★	Fair ★★	Good ★★★	Great ★★★★
Was the program what you expected?				
How was the content of the program?				
How well did the presenter communicate?				
If there were handouts, did they help you?				
What did you think of the space we used?				
Were the day and time convenient for you?				
What is your overall rating for this program?				

If you checked Poor★ or Fair★★ for any questions, please tell us why:

Did you use any library resources today or check out any items? Yes ___ No ___

How did you learn about today's program? _____

Do you have suggestions for future programs? _____

Do you have any other comments?

If you would like us to contact you, please tell us how to reach you (optional):

Name: _____ Phone or email: _____