

Middletown Township Public Library

PROGRAM EVALUATION FORM

Please complete this form at the end of the program. The information provided will help us improve library programming for YOU! Thank you.

Program title

Date & Time: _____

How did you hear about this program? Circle all that apply

Library website Library poster or flyer Library staff Library email
Cable Channel 20 Radio Newspaper Friend
Other (_____)

Overall how would you rate this program:

Poor Fair Good Very Good Excellent

How would you rate the speaker(s)/performer(s) on knowledge of the topic:

Poor Fair Good Very Good Excellent

How would you rate the speaker(s)/performer(s) on presentation:

Poor Fair Good Very Good Excellent

What did you like best about the program?

Information Pictures Presenter Question and answer
Other (_____)

What did you like least about the program?

Information Pictures Presenter Question and answer
Other (_____)

What are the best days and times for you to attend library programs?

What topics would you like to have library programs address in the future?

Additional comments/suggestions (use back of form as needed)

If you would like to be on the emailing list for a weekly announcement of library programs, please give us your email address: _____

Do you have a library card? Yes No
Male _____ Female _____

Age: Under 18 18-25 26-35 36-45 46-55 56-65 66-75 76+

