NCRL PROGRAM SURVEY

We strive to offer programs that you will find engaging, informative, and entertaining. Your answers are confidential, and will help us provide high-quality programs at your library. Thank you!

LIBRARY: ___________________________________ DATE: ________________ TIME: ________________

PROGRAM TITLE: ____________________________________________________________

1. HOW WOULD YOU RATE THIS PROGRAM?  
   (POOR) (EXCELLENT)

2. WHY WAS THIS PROGRAM VALUABLE TO YOU? (check all that apply)  
   ☐ I learned something ☐ I was entertained  
   ☐ I made a connection with someone ☐ Other: ____________________________  
   ☐ The program was not of value to me

3. HOW DID YOU LEARN ABOUT THIS PROGRAM? (check all that apply)  
   ☐ At a library (advertisement) ☐ At a library (librarian)  
   ☐ NCRL website ☐ Newspaper  
   ☐ Social media (Facebook or Instagram) ☐ Radio  
   ☐ Poster ☐ School  
   ☐ Friend/Family ☐ Book Club  
   ☐ Word of Mouth ☐ Other:

4. AGE: (Optional) (Please select all that apply to your group, including yourself)  
   ☐ 0-11 ☐ 12-17 ☐ 18-29 ☐ 30-49 ☐ 50-64 ☐ 65+

5. WHEN DO YOU PREFER TO ATTEND PROGRAMS? (check all that apply)  
   ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  
   ☐ Saturday ☐ Sunday  
   ☐ Morning ☐ Afternoon ☐ Evening

COMMENTS: Please share any comments or suggestions for future programs.

PLEASE RETURN THIS FORM TO YOUR LIBRARIAN

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