Library Program Evaluation

Program Name:		1	Cir		rcle one.	
	e.		Did you learn something new at this program?	Yes	No	
		—	Do you feel more welcome at the Library as a result of attending this program?	Yes	No	
Please rate the quality of this program. Circle one.		5	Do you feel more connected to the community as a result of attending this program?	Yes	No	
1 2 Poor	3 4	5 Excellent	Are you more informed on issues and topics of disability and inclusion as a result of attending this program?	Yes	No	
What are the age ranges of family members attending this program?		,	Will you use the Library and its resources more as a result of attending this program?	Yes	No	
□ Birth-5 □ 6-11	□ 18-34 □ 35-54		How could this program be improved?			
□ 12 - 17	□ 55 and c	older	What other programs would you like to see offered at the Library?			
This Dakota Co program was r Innovations Gr	ARTMENT OF AN SERVICES Dunty Library made possible b ant from the Mi f Human Service	innesota	Yes, please send Library news and program listings to my email inbo. ☐ Adult (monthly) ☐ Teen (monthly) ☐ Children's (bi-wee Email address (please print):		DAKOTA	

LIBRARY

No

No

No

No

No

DAKOTA

COUNTY

LIBRARY

Library Program Evaluation

DEPARTMENT OF HUMAN SERVICES

Innovations Grant from the Minnesota

This Dakota County Library program was made possible by an

Disability Services Division.

Department of Human Services

Disability Services Division.

Day was November 1		Circle one.		
Program Name:	Did you learn something new at this program?	Yes	No	
Location:	Do you feel more welcome at the Library as a result of attending this program?	Yes	No	
Please rate the quality of this program. Circle one.	Do you feel more connected to the community as a result of attending this program?	Yes	No	
1 2 3 4 5 Poor Excellent	Are you more informed on issues and topics of disability and inclusion as a result of attending this program?	Yes	No	
What are the age ranges of family members attending this program?	Will you use the Library and its resources more as a result of attending this program?	Yes	No	
□ Birth-5 □ 18-34 □ 6-11 □ 35-54	How could this program be improved?			
□ 12-17 □ 55 and older	What other programs would you like to see offered at the Library?			

☐ Adult (monthly)

Email address (please print):

Yes, please send Library news and program listings to my email inbox.

☐ Children's (bi-weekly)

☐ Teen (monthly)