

Library Program Evaluation

Program Name: _____

Location: _____

Date: _____

Please rate the quality of this program. Circle one.

1 2 3 4 5
Poor Excellent

What are the age ranges of family members attending this program?

- ☐ Birth-5 ☐ 18-34
☐ 6-11 ☐ 35-54
☐ 12-17 ☐ 55 and older



This Dakota County Library program was made possible by an Innovations Grant from the Minnesota Department of Human Services Disability Services Division.

Circle one.

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
Do you feel more connected to the community as a result of attending this program?	Yes	No
Are you more informed on issues and topics of disability and inclusion as a result of attending this program?	Yes	No
Will you use the Library and its resources more as a result of attending this program?	Yes	No

How could this program be improved?

What other programs would you like to see offered at the Library?

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

- ☐ Adult (monthly) ☐ Teen (monthly) ☐ Children's (bi-weekly)

Email address (please print): _____



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