

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?



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