



# Independent Book Discussion Librarian Evaluation

Your evaluation of this program assists us in ensuring the highest quality programming possible.  
Please take a moment to fill out this form at the conclusion of your series/program.

*Thank you!*

Date: \_\_\_\_\_ 4-Session \_\_\_\_\_ 1-Session \_\_\_\_\_ Attendance: \_\_\_\_\_  
(Total for **all** sessions)

NAME: \_\_\_\_\_

LIBRARY/AGENCY: \_\_\_\_\_

SERIES/TITLE: \_\_\_\_\_

DISCUSSION LEADER: \_\_\_\_\_

DATES OF PROGRAMS: \_\_\_\_\_

How did the audience respond to the program (the books, the discussion, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the book borrowing process suit your library's needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**Please Return To:** Rachel Pollak, Project Assistant  
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Fax: 860-685-7569