



PROGRAM SURVEY

DATE: _____

PROGRAM TITLE: _____

LOCATION: _____

Please take a few minutes for this brief survey and let us know if, as a result of participating in the Library Program program.

PLEASE CIRCLE YOUR ANSWER

You learned something that is helpful



You feel more confident about what you just learned



You intend to apply what you just learned



You are more aware of resources and services provided by the library



What did you like most about the program?

What could the library do to better assist you in learning more?

How/Where did you hear about this program?

THANK YOU!

Your feedback will help the Library better serve the community.

WWW.WICOMICOLIBRARIES.ORG



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