



CENTRAL MASSACHUSETTS REGIONAL LIBRARY SYSTEM

CMRLS PROGRAM EVALUATION

Program Name: _____

Program Date: _____

1. What type of library do you represent? Please check one and fill in the relevant blanks.

___ PUBLIC Library: What is the population of your community?

___ Under 2,000

___ 2,000 to 5,000

___ 5,000 to 10,000

___ 10,000 to 25,000

___ Over 25,000

___ SCHOOL Library:

___ Public

___ Private

What grades? _____

___ ACADEMIC Library: ___ Public academic

___ Private academic

___ SPECIAL Library : What type? _____

2. What was your general impression of this workshop?

___ very useful

___ moderately useful

___ not useful

3. What was your impression of the content of this workshop?

___ too general

___ just about right

___ too specific

4. What did you find most helpful about this workshop?

4a. What could have been improved, and how?

5. Other questions, Comments, or suggestions, including future workshops you'd like to see:

THANK YOU!

Please return to: CMRLS, 8 Flagg Road, Shrewsbury, MA 01545 or fax to 508-757-4370