



Fall 2014/Winter & Spring 2015 Library Feedback Form

Library_____

Report prepared by_____

Position_____

Program location: ☐ in library

☐ other location, please specify:_____

Title of LTAI series: _____

Program summary:

	1st Program	2nd Program	3rd Program	4th Program	5th Program	TOTAL
Book Title						
Date						
Number of Participants						
Scholar						
Number of Books Checked Out						

Please answer these questions as completely as possible. Attach additional pages as necessary.

1. Was the Theme Essay provided to participants? ____Yes ____No
2. If so, was it revisited for each session? ____Yes ____No
3. Do you have recommendations for books that would fit well into this theme? If so, please list:

4. How many participants accessed the book(s) electronically? _____
5. What other book discussions is your library holding outside of LTAI?

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6. Did any other book discussion groups join in with LTAI for the series? _____Yes _____No
7. Where did you place your promotional posters? -----
8. What else did you do to promote the series? -----

9. What did your community partner do to promote the series? -----

10. Did you gain new participants/patrons because of offering LTAI? _____Yes _____No
11. Please comment on the quality of resources made available for your programming:

Reading and discussion program scholars:

	Excellent	Good	Fair	Unsatisfactory	Did not attend
1st program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (ex: any scholar especially good or any you would not want back?)

Theme materials:

Excellent	Good	Fair	Unsatis.	Didn't use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If funding is available, are you interested in participating in future statewide library reading and discussion projects? ☐ Yes ☐ No

13. What suggestions do you have for future reading and discussion programs?

*Thank you for your assistance in providing feedback on the Let's Talk About It programs.
Please attach: (1) personnel in-kind match forms (pink), (2) meeting room in-kind forms (yellow),
(3) participant evaluations, and (4) samples of program publicity.*