



# Library Feedback Form

## Fall 2018 Winter & Spring 2019

Library\_\_\_\_\_

Report prepared by\_\_\_\_\_

Position\_\_\_\_\_

Program location:  in library

other location, please specify:\_\_\_\_\_

Theme 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:  
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4. Do you know 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? -----  
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8. What else did you do to promote the series? -----  
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9. What did your community partner do to promote the series? -----  
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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?)  
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**Theme materials:**

	Excellent	Good	Fair	Unsatis.	Didn't use
Poster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brochure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theme Essay	<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.*