



## Let's Talk About It Participant Evaluation

Library: \_\_\_\_\_ Book Title: \_\_\_\_\_

Program Date: \_\_\_\_\_ Name (optional): \_\_\_\_\_

1. Is this your first time attending a Let's Talk About It series/session? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. How would you rate the book chosen for this session? \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor
3. Did you think the book related to/tied in to the theme of the series? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Did the book discussion help you to better understand the characters, theme, and humanities connection?  
\_\_\_\_\_ Yes \_\_\_\_\_ No Comment: \_\_\_\_\_
5. Did this program expand your reading interests? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. How would you rate the program scholar? \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Unsatisfactory
7. How did you learn about the LTAI discussion series?
 

<input type="checkbox"/> Poster at the library	<input type="checkbox"/> Poster in the community	<input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio/television	<input type="checkbox"/> Brochure/Bookmark
<input type="checkbox"/> Librarian/library staff	<input type="checkbox"/> School	<input type="checkbox"/> Club/Organization
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Library Website	
8. What other themes/topics would you like to see offered in future LTAI programs:  
\_\_\_\_\_



## Let's Talk About It Participant Evaluation

Library: \_\_\_\_\_ Book Title: \_\_\_\_\_

Program Date: \_\_\_\_\_ Name (optional): \_\_\_\_\_

9. Is this your first time attending a Let's Talk About It series/session? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. How would you rate the book chosen for this session? \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor
11. Did you think the book related to/tied in to the theme of the series? \_\_\_\_\_ Yes \_\_\_\_\_ No
12. Did the book discussion help you to better understand the characters, theme, and humanities connection?  
\_\_\_\_\_ Yes \_\_\_\_\_ No Comment: \_\_\_\_\_
13. Did this program expand your reading interests? \_\_\_\_\_ Yes \_\_\_\_\_ No
14. How would you rate the program scholar? \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Unsatisfactory
15. How did you learn about the LTAI discussion series?
 

<input type="checkbox"/> Poster at the library	<input type="checkbox"/> Poster in the community	<input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio/television	<input type="checkbox"/> Brochure/Bookmark
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<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Library Website	
16. What other themes/topics would you like to see offered in future LTAI programs:  
\_\_\_\_\_