



Library Feedback Form

Fall 2019 Winter & Spring 2020

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:

4. Was LTAI promoted to other book discussion groups at or affiliated with your library?
 Yes No
5. Did any other book discussion group members attend the LTAI series? Yes No
6. Were all 10 posters used to promote the series both in the community and at the library?
 Yes No Posters were placed at:

7. What else did you do to promote the series? -----

8. What did your community partners do to promote the series? -----

9. Did you gain new participants/patrons because of offering LTAI? Yes No
10. 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
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"/>

Additional Comments:

11. Did the LTAI format and structure meet the needs of your adult reading community?

Yes No Comments: _____

12. If funding is available, are you interested in participating in LTAI in the future? Yes No

13. What suggestions do you have for additional themes?

Comments: _____

***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.***