

**MARYLAND LIBRARY ASSOCIATION
PROGRAM EVALUATION COORDINATOR FEEDBACK**

Program Title: _____

Sponsoring Division/Interest Group: _____

Location: _____ Date: _____

Coordinator's Name: _____ Phone: _____

Number of MLA members attending: _____ Non-members: _____

1. Did the program meet its planned objectives? Please explain:

2. Give your opinion of the responsiveness of the participants to the program:

3. Was the presenter responsive to the needs of the participants? Please explain:

4. Would you use this presenter again? Why and why not?

5. How appropriate was the facility (parking, access, food, space, etc.)?

6. If you were to do this program again, what changes would you recommend?

7. Was there adequate MLA support in planning and executing this program? Please explain:

***SUBMIT THE FOLLOWING WITH THIS FORM:
Summary of the participant evaluations
RETURN ALL FORMS WITHIN 4 WEEKS AFTER PROGRAM TO:***

**Maryland Library Association, 1401 Hollins Street
Baltimore, MD 21223**