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

09/00