

# ASCLA Program Evaluation Form

ASCLA Program Title \_\_\_\_\_

I. Please help us analyze the success of the program by agreeing or disagreeing with the following statements. Your comments will be especially helpful in the case of negative responses.

Yes/No      Comments

1) The program was interesting and valuable to me personally.      Yes\_\_\_No\_\_\_

2) The program probably will be beneficial in helping me to:  
a. initiate a new activity      Yes\_\_\_No\_\_\_

b. improve an existing activity      Yes\_\_\_No\_\_\_

c. Other: \_\_\_\_\_  
\_\_\_\_\_

3) The program was well-organized      Yes\_\_\_No\_\_\_

4) The program should be repeated at state or regional meetings      Yes\_\_\_No\_\_\_

5) Note which of the program presentations should be published in *Interface*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Please help us plan for future programs by providing comments regarding your general reactions.

1) The highlight (best feature) of this program was:  
\_\_\_\_\_  
\_\_\_\_\_

2) The low point (least desirable feature) of this program was:

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3) Topics which I would like to see covered in the future are:

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III. Please provide us with following personal data:

1) Member of ALA Yes\_\_\_No\_\_\_

2) Member of ASCLA Yes\_\_\_No\_\_\_

3) Member of ASCLA Committee(s)? Yes\_\_\_No\_\_\_

Specify which, if yes: \_\_\_\_\_

4) Type of library in which employed (or interested, if unemployed):

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5) Position title at present: \_\_\_\_\_

6) Years of experience in the profession: \_\_\_\_\_

7) The program was brought to my attention in the following ways: (check all that apply):

\_\_\_\_\_ Preliminary information in *American Libraries*

\_\_\_\_\_ E-mail announcement

\_\_\_\_\_ Colleague

\_\_\_\_\_ Library periodical ad or notice.

\_\_\_\_\_ Other (please identify)

IV Additional Comments:

Thank you for your help. Please turn in completed forms as you leave or return to: ASCLA,  
American Library Association, 50 E. Huron Street, Chicago, IL 60611