

Appendix B

Brockville Public Library Program Evaluation Form

Date of the Program:

Name of the Program:

How do you rate this program?

Excellent Good Fair Poor

Please share your comments about this program...

Do you have any ideas for future events or programs?

In general, when do you prefer to attend programs like this?

mornings	afternoons	evenings	no preference
weekdays	weekends	no preference	

How did you hear about this program?

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