

**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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