

Appendix 10: CONSER SCCTP Serials Holdings Workshop Evaluation Form

Sponsor of session _____ Date _____

Instructor(s): _____

Type of Library (circle)—Academic Public School Special Other OR
Organization or Firm (please describe) _____

Your Primary Area of Responsibility _____

Please evaluate the program, assigning ranking of 1 to 5 . Circle the chosen number.

(5=excellent 4=very good 3=pretty good 2=not so good 1=useless)

1. Did the title and the description of the program match the subject matter covered?

5 4 3 2 1 Comments:

2. Did the speaker and the material presented address the relevant issues and your concerns?

5 4 3 2 1 Comments:

3. Was the speaker well informed on the subject matter?

5 4 3 2 1 Comments:

4. Was there a good balance of time between instruction and audience questions?

5 4 3 2 1 Comments:

5. Were your questions answered?

5 4 3 2 1 Comments:

6. Were the exercises helpful?

5 4 3 2 1 Comments:

7. Was the workshop setting conducive to training?

5 4 3 2 1 Comments:

8. Your overall rating of the workshop?

5 4 3 2 1 Comments:

9. How did you hear about the workshop? Check all that apply

_____ E-mail program announcement on discussion list

_____ Printed or published announcement

_____ Through your library

_____ Through your professional organization

_____ Other (please describe)

10. What about the workshop did you like or find useful?

11. What would you suggest to improve the workshop?

12. Are there other serials-related topics that you would like to see handled by a workshop from the Serials Cataloging Cooperative Training Program? Please make suggestions.

THANK YOU!