Name of Program:
Date:

Project Outcome Survey

Please take a few minutes for this brief survey and let us know if, as a result of participating in the program…

Circle your answer

1. You feel more knowledgeable about using digital resources

Strongly disagree   Disagree   Neither agree nor disagree   Agree   Strongly agree

2. You feel more confident when using digital resources

Strongly disagree   Disagree   Neither agree nor disagree   Agree   Strongly agree

3. You intend to apply what you just learned

Strongly disagree   Disagree   Neither agree nor disagree   Agree   Strongly agree

4. You are more aware of resources and services provided by the library

Strongly disagree   Disagree   Neither agree nor disagree   Agree   Strongly agree

5. What did you like most about the program?

Strongly disagree   Disagree   Neither agree nor disagree   Agree   Strongly agree

6. What could the library do to improve your learning?

Strongly disagree   Disagree   Neither agree nor disagree   Agree   Strongly agree