Library Instruction Evaluation Form

Name of Session: _____ Date:_____

Please indicate your current status

☐ Undergraduate   ☐ Research Reader/Direct Borrower
☐ Graduate   ☐ Other
☐ Faculty Member and Staff

Please **circle** the **number** that best represents your evaluation of each of the following criteria:

		Low				High
1.	Quality of the session	1	2	3	4	5
2.	Relevance	1	2	3	4	5
3.	Knowledge of Trainers	1	2	3	4	5
4.	Quality of Print and Online Materials.	1	2	3	4	5
5.	Clarity of Presentation	1	2	3	4	5

6.	How much of the material presented was new to you?	Totally New	Somewhat New	Nothing New
7.	Pace of Session	Just Right	Too Fast	Too Slow
8.	Quantity of Information	Just Right	Too Much	Too Little

10. How could the session have been made more useful to you (What to drop, what to change)?

11. What further training or support, if any, would you like? Explain.

12. How did you find out about this class?

☐ A Library Brochure   ☐ Word of mouth
☐ Web Site   ☐ Advertising in Robarts Library
☐ Posters   ☐ Other_____

13.   Any other comments? Please.