



The Young Adult Services Division of SCLA

## Program Evaluation Form

**Librarian:** \_\_\_\_\_ **Library:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**1. Name of program:**

\_\_\_\_\_

**2. Description of program:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Number of participants:**

\_\_\_\_\_

**4. Ages of participants:**

\_\_\_\_\_

**5. Approximate cost of program (materials, honorariums, etc.):**

\_\_\_\_\_

**6. Duration of program (length of program, number of sessions, etc.):**

\_\_\_\_\_

**7. Name and contact information of programmer or in-house:**

\_\_\_\_\_

**8. Additional information or comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_