

The Indianapolis Public Library: Multicultural Program Evaluation

Thank you for attending our program today. Your feedback is important to us. In order to help us improve our programs, please take a moment to fill out this form.

Program Name: American Muslims in Indiana

Date: September 20, 2016

Your Zip Code: _____

Branch Location: Central Library

Please describe your age:

18-25 years 26-40 years 41-65 years 66+ years or older

Please describe your child's age (if appropriate):

0-5 years 6-10 years 11-15 years 16+ years or older

Did you learn anything new about American Muslims in Indiana by participating in this program today? Please explain.

Did this program make you want to learn more about this topic? Yes___ No___

Is there anything that you would change about this program? (Content, length or date/time)

Have you ever attended a multicultural program at The Library? Yes___ No___

Will you attend another multicultural program in the future? Yes___ No___

Do you have a library card? Yes___ No___

Are there other culturally diverse activities or conversations that you would like to see at The Library?

How did you learn about this program? _____

Other Comments:
