

Programming Feedback Form

Please circle the number that matches your response.

	No, not at all	No	Somewhat	Yes	Yes, I totally agree
1. I learned new information about (a specific skill) today.	1	2	3	4	5
2. I plan to use the information in my daily life.	1	2	3	4	5
3. I feel more confident about (specific skill)	1	2	3	4	5
4. I feel more connected with other (children, parents, grandparents, etc.)	1	2	3	4	5
5. Overall, I had a positive experience today.	1	2	3	4	5

The activity I enjoyed the most:

The thing I liked best:

The thing I would like to change:

I would like to learn more about:

How I heard about today's event (check all that apply)

- Newspaper
- TV News Story
- Flyer sent home from my child care provider/preschool
- At the Library
- Word of mouth

- Flyer at another location. What location: _____
- Parents as Teachers parent educator informed me
- Facebook
- Other: _____

Thank you for your feedback! It will help us plan future events! This event is supported by the Institute of Museum and Library Services under the provisions of the Library Services and Technology Act as administered by the Missouri State Library, a division of the Office of the Secretary of State.