



University Libraries Session Evaluation Form

Course: _____ Instructor: _____

Today's Date: _____ Librarian: _____

Please circle the appropriate rating:

- | | | | | | |
|---|-----------|------|------|-----|------|
| 1. Usefulness of session content | Excellent | Good | Fair | Bad | Poor |
| 2. Timing of session within the semester | Excellent | Good | Fair | Bad | Poor |
| 3. Level of interactivity | Excellent | Good | Fair | Bad | Poor |
| 4. Overall quality of session | Excellent | Good | Fair | Bad | Poor |
| 5. I would be comfortable asking the library instructor for help in the future: | YES | NO | | | |
| 6. Comments: | | | | | |



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