

The LIVING library

Dear Readers,

Thank you for taking the time to fill out this evaluation form. All responses will be treated confidentially and will help us learn how to improve any future Living Library events.

Your age _____

Your gender _____



Where did you hear/read about the Living Library? _____

Which Book(s) did you borrow? _____

Were you impressed by the Living Library event?

1__ 2__ 3__ 4__ 5__ (1 – not at all, 5 - impressed)

Did you like the selection of Books in the catalog?

1__ 2__ 3__ 4__ 5__ (1 – not at all, 5 – excellent selection)

What other titles would you recommend for a Living Library? _____

How would you evaluate the support of the volunteer Librarians?"

1__ 2__ 3__ 4__ 5__ (1 – not helpful, 5 – very helpful)

What was the most important experience for you as a Living Library reader? _____

Did you learn anything new in reading a Book from the Living Library? _____

