STUDENT EVALUATION FORM - LIBRARIAN

LIBRARIANS’S NAME _______________________________  DATE ___________________

In our continuing interest to serve our students, we request that you complete this short survey regarding your appointment with the librarian by marking the appropriate letter on the scantron form for each item, as indicated below. You may also make written comments on this form.

This evaluation will be anonymous and will not be seen by the librarian until the end of the semester. Please be thoughtful and candid in your responses.

A = Strongly Agree
B = Agree
C = Disagree
D = Strongly Disagree
E = No Opinion / Not Applicable

About the Orientation:

1. Handouts were related to the subject matter. A   B  C  D  E
2. Worksheets and other learning activities were related to the subject matter. A   B  C  D  E
3. Presentation of material in lectures, discussions and other learning activities was clear, organized and effective. A   B  C  D  E

About the Librarian:

4. The librarian demonstrated interest in the subject. A   B  C  D  E
5. The librarian was prepared for each class session. A   B  C  D  E
6. The librarian encouraged students to participate in the learning process. A   B  C  D  E
7. The librarian referred to other libraries as resources, if necessary. A   B  C  D  E
8. The librarian used class time effectively. A   B  C  D  E
9. The librarian maintained classroom control appropriate to the type of learning activity. A   B  C  D  E
10. The librarian demonstrated courtesy, respect and professionalism in communicating with students. A   B  C  D  E
11. Overall, this librarian met my expectations. A   B  C  D  E

Comments _______________________________________________________________________
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