P	ost-Program Participant Surve	<b>/</b> Date:
Lik	orary Name:	
	ogram Title:	
	aching Artist:	
	ur Name <i>(optional)</i> :	
Ple	ease take a few minutes to give us your feedb sponses will be carefully considered in planni	ack about this Creative Aging program. Your
	Demographics (optional)  Age:	discipline ne //discipline  oout this art form oout other art forms
3.	Did the workshop's physical space promote y  ☐ Yes ☐ No; If not, please exp	our learning and creativity?

4.	How would you rate the overall ability of the teaching artist:					
	Ability to Teach:	<u> Ab</u>	<u>ility to Manage You</u>	<u>ur Group:</u>		
	□ Not a good teacher		Not able to manag	ge the group		
	□ Adequate teacher		Adequate manage	ement skills		
	□ Excellent teacher		Excellent manage	ment skills		
5.	<ul> <li>How would you rate the teaching artist's responsiveness when you asked for help?</li> <li>□ Not helpful/No help given when asked</li> <li>□ Provided adequate help</li> <li>□ Provided excellent help</li> </ul>					
6.	<ul> <li>To what degree did the teaching artist make you feel that you could make choices about learning and creating art for yourself?</li> <li>I was not encouraged to make decisions/choices for myself</li> <li>I was somewhat encouraged to make decisions/choices for myself</li> <li>I was strongly encouraged to make decisions/choices for myself</li> </ul>					
7.	Would you recommend this prog  ☐ Not at all	ram to a friend or □ With some rese		□ Most certainly		
8.	How would you rate the overall o  □ Poor □ Adeq		ram? Good	□ Excellent		
9.	As a result of participating in this  ☐ Yes ☐ Please explain:	s workshop, do yo □ Possibly	u have plans to cor □ No			
10. Would you come to more creative aging programs provided by the library?  □ Yes □ No						
11	. Did attending these workshops in	mprove your relat	ionship with your lik	orary?		
	□ Yes □ No					
	Please explain:					
12. We welcome any further thoughts or comments you would like to share!						

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