Post-Program Participant Survey

Library Name: ____________________________________________

Program Title: ____________________________________________

Teaching Artist: ____________________________________________

Your Name (optional): ________________________________________

Please take a few minutes to give us your feedback about this Creative Aging program. Your responses will be carefully considered in planning for future programs.

1. **Demographics (optional)**
   - **Age:**
     - □ < 55
     - □ 55-59
     - □ 60-69
     - □ 70-79
     - □ 80-89
     - □ 90+
   - **Ethnicity:**
     - □ Asian / Pacific Islander
     - □ Black or African American
     - □ Hispanic or Latino
     - □ Native American or American Indian
     - □ White or Caucasian
     - □ Other: ________________________
   - **Gender**
     - □ Female
     - □ Male
   - **Mobility Issues/Disabilities:**
     - □ I have no mobility issues/disabilities
     - □ I have some mobility issues/disabilities
     - □ I have many mobility issues/disabilities

2. **In what areas did you experience growth as a result of your participation in this program? (check all that apply)**
   - □ Formed new/stronger relationships
   - □ Increased mental engagement
   - □ Increased physical activity
   - □ Improved my creative expression
   - □ Increased my knowledge of the art form/discipline
   - □ Increased my skills in the art form/discipline
   - □ Increased my appreciation of the art form/discipline
   - □ Increased my confidence in creating art
   - □ Increased my interest in learning more about this art form
   - □ Increased my interest in learning more about other art forms
   - □ Encouraged me to participate in other community activities
   - □ Other; Please specify:

3. **Did the workshop’s physical space promote your learning and creativity?**
   - □ Yes
   - □ No; If not, please explain what could be improved:
4. How would you rate the overall ability of the teaching artist:

   Ability to Teach:                      Ability to Manage Your Group:
   □ Not a good teacher               □ Not able to manage the group
   □ Adequate teacher                 □ Adequate management skills
   □ Excellent teacher                □ Excellent management skills

5. How would you rate the teaching artist’s responsiveness when you asked for help?
   □ Not helpful/No help given when asked
   □ Provided adequate help
   □ Provided excellent help

6. To what degree did the teaching artist make you feel that you could make choices about learning and creating art for yourself?
   □ I was not encouraged to make decisions/choices for myself
   □ I was somewhat encouraged to make decisions/choices for myself
   □ I was strongly encouraged to make decisions/choices for myself

7. Would you recommend this program to a friend or family member?
   □ Not at all                      □ With some reservation  □ Most certainly

8. How would you rate the overall quality of the program?
   □ Poor                          □ Adequate              □ Good               □ Excellent

9. As a result of participating in this workshop, do you have plans to continue this activity?
   □ Yes                           □ Possibly             □ No

   Please explain:

10. Would you come to more creative aging programs provided by the library?
    □ Yes                           □ No

11. Did attending these workshops improve your relationship with your library?
    □ Yes                           □ No

    Please explain:

12. We welcome any further thoughts or comments you would like to share!