

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



STUDENT CLASSROOM EVALUATION—Librarians

College _____

Year/Quarter _____ Librarian Name _____ Date _____

TO THE STUDENT: Your librarian and those making library assignments wish to obtain your opinion regarding the quality of the library services you have received at CCS. The information will be used primarily for professional development. Please be fair and objective in filling out this form.

The following statements reflect various ways librarians can be described. **Circle the number which most nearly represents your opinion.** If you have no basis for responding to a particular statement, circle NA. The librarian will not see this form. The form itself is kept confidential and any comments are typed prior to review.

1)	The librarian was well-prepared.							NA
	1 Poor	2	3	4 Average	5	6	7 Superior	
2)	The librarian was knowledgeable and competent.							NA
	1 Poor	2	3	4 Average	5	6	7 Superior	
3)	The librarian made information relevant to my needs.							NA
	1 Poor	2	3	4 Average	5	6	7 Superior	
4)	This presentation has increased my knowledge and/or competence.							NA
	1 Poor	2	3	4 Average	5	6	7 Superior	
5)	The librarian presented the material clearly.							NA
	1 Poor	2	3	4 Average	5	6	7 Superior	
6)	The librarian had a positive attitude toward students.							NA
	1 Poor	2	3	4 Average	5	6	7 Superior	
7)	The librarian was receptive to student questions.							NA
	1 Poor	2	3	4 Average	5	6	7 Superior	

WRITE ADDITIONAL COMMENTS ON BACK