Reference Survey
Librarian: ___________________ Time: ____________
Date: _______________ Time: ____________

1. Did you find what you needed?
   _____yes    _____no

2. Was the librarian courteous and helpful?
   _____yes    _____no

3. Did the librarian give adequate attention to your question?
   _____yes    _____no

4. Were you satisfied with the reference service?
   _____yes    _____no

Any other comments about the reference services at the library?

Please place in locked box at the Reference or Circulation Desk.