

LOUISIANA CENTER FOR THE BOOK
GRANT EVALUATION FORM

Name of Library: _____

PROGRAM COORDINATOR

Name: _____

Telephone Number: _____

Email Address: _____

PROGRAM INFORMATION

Name of Program: _____

Day/Date of Program: _____

Location of Program: _____

Type of Program: _____

EVALUATIVE INFORMATION

Description of Audience: _____

Narrative Evaluation: Please describe your overall assessment of the program including the appropriateness of the topic and presentation format, the effectiveness of the presenter(s), promotional efforts and audience attendance.

Submit completed Evaluation Form with Final Report Materials to:

Jim Davis, Director
Louisiana Center for the Book
701 North 4th Street
Baton Rouge, LA 70802