

Creative Aging Post-Program Participant Survey

Date: _____

Library: _____

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. In what areas did you experience growth as a result of your participation in this program?

Please 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

2. What, if anything, do you plan to do as a result of this program?

3. Did the workshop's physical space promote your learning and creativity?

- Yes
- No, If you answered "No," please explain what could be improved:

4. How would you rate the overall ability of the instructor to teach and manage your group?

Please check all that apply.

- Not a good teacher
- Excellent teacher
- Not able to manage the group
- 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. How well did the teaching artist(s) make you feel that you could make choices about learning and creating art for yourself?

- I was not encouraged to make decisions/choices
- I was somewhat encouraged to make decisions/choices
- I was strongly encouraged to make decisions/choices

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
- Excellent

9. Did attending these workshops change your relationship with your library?

- Yes
- No

10. Would you come to more workshops provided by the library?

- Yes
- No

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