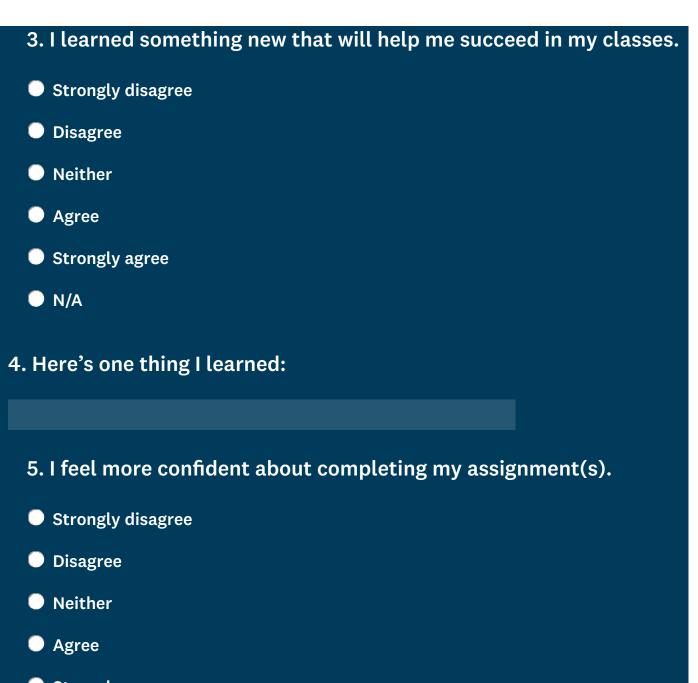
Library Instruction Survey 1. Session Name: 2. Date of Session Date Date

MM/DD/YYYY

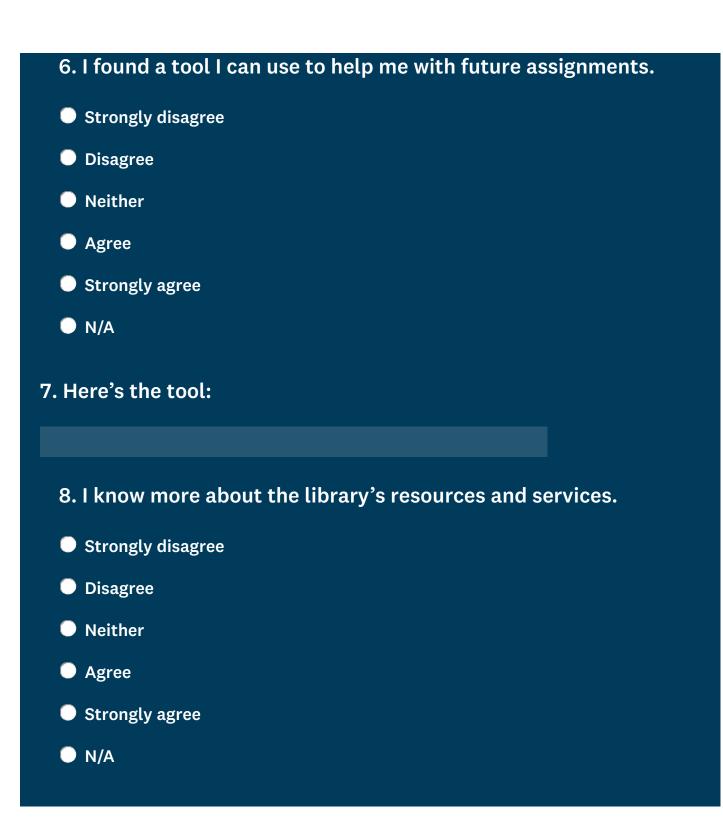


Library Instruction Survey

Please answer the following questions as a result of participating in this session.



- Strongly agree
- N/A





Library Instruction Survey

9. What did you like most about this session?

10. What else could the library do to help you succeed in your classes?