SAN BERNARDINO COMMUNITY COLLEGE DISTRICT

Student Evaluation of Librarians

INSTRUCTOR NAME	**CRS NAME**	**TERM**
LOCATION	**DIVISION**	**DEPT**

COURSE ID 0 0 0 0 0 0 0 / 1 1 1 1 1 1 1 / 2 2 2 2 2 2 2 / 3 3 3 3 3 3 3 / 4 4 4 4 4 4 4 / 5 5 5 5 5 5 5 / 6 6 6 6 6 6 6 / 7 7 7 7 7 7 7 / 8 8 8 8 8 8 8 / 9 9 9 9 9 9 9

FACULTY ID 0 0 0 0 0 0 0 / 1 1 1 1 1 1 1 / 2 2 2 2 2 2 2 / 3 3 3 3 3 3 3 / 4 4 4 4 4 4 4 / 5 5 5 5 5 5 5 / 6 6 6 6 6 6 6 / 7 7 7 7 7 7 7 / 8 8 8 8 8 8 8 / 9 9 9 9 9 9 9

In order to improve our methods of counseling and better serve your needs, we want your feedback about the effectiveness of your librarian. Please take a moment and answer the questions below. Your comments will be kept absolutely confidential. Thank you for your cooperation.

Use a #2 pencil to fill in 1 OR 2 OR 3 on the Scantron Sheet.
Note: ***Please DO NOT FOLD or STAPLE the Scantron Sheet.***

LEGEND: A-EXCELLENT B-GOOD C-SATISFACTORY D-BELOW AVERAGE F-POOR NA-NOT APPLICABLE

1. The librarian was helpful to me. A B C D F NA

2. The information was provided in a clear and understandable manner . A B C D F NA

3. I was satisfied with the service the librarian gave me. A B C D F NA

4. The librarian effectively explained how to use the library resources. A B C D F NA

5. The librarian treated me with courtesy and respect. A B C D F NA

6. The librarian invited me to return with other questions. A B C D F NA

7. I learned how to use the resources of the library on my own. A B C D F NA

8. Would you refer other students to this librarian? Y N

9. Would you ask for help from this librarian again? Y N

10. Comments: _____