

Appendix C

Adult and Children's Feedback Forms

Saltash Town Council Library Hub Feedback Form

What was the reason for your visit today?

Please circle how you feel about today's activity

Please circle any words you feel describes your visit today

FUN
INSPIRING
Creative Entertaining
Interesting Exciting
FRIENDLY

What was good?

Did you learn anything new today? Do you have anything you'd like to tell us?

Date:

Saltash Town Council Library Hub Feedback Form

What was the reason for your visit today?

Please circle how you feel about today's activity

Please tick YES or NO for the following questions

	YES	NO
Would you recommend this activity to a friend?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a library member?	<input type="checkbox"/>	<input type="checkbox"/>
Have you learnt something new from today's visit?	<input type="checkbox"/>	<input type="checkbox"/>
Have your expectations been met?	<input type="checkbox"/>	<input type="checkbox"/>

HAVE YOU GOT ANY OTHER COMMENTS OR SUGGESTIONS?

Thank you!

Date: