

Morrison-Talbott Library Program Reconsideration Form

Program Title: _____

Request Initiated by: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip code: _____

Request represents: Self Organization

List Name (if representing organization): _____

1. Have you attended or viewed the entire program? yes no
If not, what parts have you seen?

2. What concerns you about the program? Please be specific.

3. What good or valuable features do you find in the program?

4. What do you believe is the theme of this work?

5. What do you feel might be the result of attending or viewing this material?

6. Do you think this program would be more appropriate for a different age group?
Please explain.

7. What would you like the library to do about this program?

8. Can you recommend other programs that would convey as valuable a picture and/or
perspective of the subject treated? If yes, please specify.

Date: _____ Signature: _____