

Library Support Team Satisfaction Survey

School Name: _____

Days of Service _____

Time In: _____

Time Out: _____

Reason for Visit _____

Approximate Number of Items Touched _____

Quality of Work

- Excellent
- Good
- Satisfactory
- Poor

Shelf Order Satisfaction

- Excellent
- Good
- Satisfactory
- Poor

Thoroughness /Neatness

- Excellent
- Good
- Satisfactory
- Poor

Promptness

- Exemplary
- Good
- Satisfactory
- Poor

Staff Initiative

- Excellent
- Good
- Satisfactory
- Poor

Professionalism

- Excellent
- Good
- Satisfactory
- Poor

Check all services that were provided by the library support team.

- ___ Labeling
- ___ Accelerated Reader
- ___ Reading Counts
- ___ Lexiles
- ___ Cataloging
- ___ Books

- ___ Video
- ___ Weeding
- ___ Organizing
- ___ Relocating
- ___ Other

Comments

Signature _____ Date: _____