

YOU AND YOUR LIBRARY:

1. County where the library you work in is located:

Columbia

Dutchess

Greene

Putnam

Ulster

2. Your primary function at the library:

Administration

Circulation

Data Entry

Reference

Youth Services

Adult Services

Trustee

Other (indicate) _____

3. How long have you been in your current position in the library?

Less than 1 year

1-2 years

3-5 years

6-10 years

More than 10 years

4. Have you ever attended any MHLS continuing education programs?

Yes

No

I don't know

5. Did you attend any MHLS continuing education programs in 2008 or 2009?

Yes

No

I don't know

MHLS Continuing Education Survey 2009

6. How do you hear about MHLS continuing education programs? (check all that apply)

- From library director
- MHLS Workshop Notice
- Weekly MHLS Bulletin
- MHLS online calendar
- Center section of midhudson.org
- Across the Board (MHLS trustee newsletter)
- E-mail from MHLS List-serv

Other (indicate) _____

TOPICS THAT WOULD APPEAL TO YOU:

1. What motivates you to come to a MHLS continuing education program?

2. How do you decide what continuing education programs to go to? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Title | <input type="checkbox"/> Director encouragement |
| <input type="checkbox"/> Description | <input type="checkbox"/> Recommendations from others who have attended |
| <input type="checkbox"/> I am part of the "target audience" listed on the Workshop Notice | <input type="checkbox"/> Feel obliged to go |
| <input type="checkbox"/> Instructor | <input type="checkbox"/> I need to know the information to do my job |
| <input type="checkbox"/> Location | <input type="checkbox"/> To help me do my job |
| <input type="checkbox"/> Time of day | |

Other (indicate) _____

3. Suggest a topic you would definitely attend: _____

YOUR PREFERENCES FOR TIME AND LOCATION:

MHLS Continuing Education Survey 2009

1. Check all months you prefer to attend continuing education programs:

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June | <input type="checkbox"/> October |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> November |
| <input type="checkbox"/> April | <input type="checkbox"/> August | <input type="checkbox"/> December |

2. Check all months you would not attend continuing education programs:

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June | <input type="checkbox"/> October |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> November |
| <input type="checkbox"/> April | <input type="checkbox"/> August | <input type="checkbox"/> December |

3. Check all days you prefer to attend continuing education programs:

- | | | |
|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Saturday |

4. Check all days you would not attend continuing education programs:

- | | | |
|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Saturday |

5. Check all times you prefer to attend continuing education programs:

- 10am - 12pm
- 1pm - 3pm
- 5pm - 7pm

Other (indicate) _____

MHLS Continuing Education Survey 2009

6. Check all library locations you would attend continuing education programs at:

- | | | |
|--|---|--|
| <input type="checkbox"/> Athens | <input type="checkbox"/> Greenville | <input type="checkbox"/> Palenville |
| <input type="checkbox"/> Beacon | <input type="checkbox"/> Highland | <input type="checkbox"/> Patterson |
| <input type="checkbox"/> Beekman | <input type="checkbox"/> Hudson | <input type="checkbox"/> Pawling |
| <input type="checkbox"/> Brewster | <input type="checkbox"/> Hunter | <input type="checkbox"/> Putnam Valley |
| <input type="checkbox"/> Cairo | <input type="checkbox"/> Hyde Park | <input type="checkbox"/> Red Hook |
| <input type="checkbox"/> Chatham | <input type="checkbox"/> Kent | <input type="checkbox"/> Rhinebeck |
| <input type="checkbox"/> Claverack | <input type="checkbox"/> Kingston | <input type="checkbox"/> Rhinecliff |
| <input type="checkbox"/> Cold Spring | <input type="checkbox"/> Livingston | <input type="checkbox"/> Rosendale |
| <input type="checkbox"/> Coxsackie | <input type="checkbox"/> Mahopac | <input type="checkbox"/> Saugerties |
| <input type="checkbox"/> East Fishkill | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Tivoli |
| <input type="checkbox"/> Espous | <input type="checkbox"/> MHLS Auditorium (Poughkeepsie) | <input type="checkbox"/> West Shokan |
| <input type="checkbox"/> Garrison | <input type="checkbox"/> Millbrook | |
| <input type="checkbox"/> Germantown | <input type="checkbox"/> Northeast-Millerton | |

7. What are your primary obstacles to attending MHLS continuing education programs? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Negative attitude from management | <input type="checkbox"/> Negative attitude from peers |
| <input type="checkbox"/> No encouragement from management | <input type="checkbox"/> Don't have the time |
| <input type="checkbox"/> Insufficient staffing to permit me to be away | <input type="checkbox"/> Nothing relevant offered for my job |
| <input type="checkbox"/> Already knew the topics as well as the instructors | <input type="checkbox"/> Insufficient time in work schedule |
| <input type="checkbox"/> Coworkers discourage new skills | <input type="checkbox"/> Do not hear about MHLS continuing education programs |
| <input type="checkbox"/> Lack of financial support from my library | <input type="checkbox"/> Not interested in the offerings |
| <input type="checkbox"/> Too far away | |

Other (indicate) _____

Thank you! Your input is very important to us. Please return by May 8, 2009 in the delivery to MHLS Outreach Dept: Attn. Merribeth Advocate OR by mail to:

**Mid-Hudson Library System
103 Market Street
Poughkeepsie, NY 12601
Attn: Merribeth Advocate**