

St. John's Riverside Hospital
Cochran School of Nursing
Medical Library
DVD / Video / CD-ROM Evaluation Form

(f) – 21

NAME: _____ DEPARTMENT: _____
EXTENSION: _____ EMAIL: _____
COURSE: _____ TODAY'S DATE: _____

Type of Material (DVD/VIDEO/CD-ROM): _____

Title of Material: _____

CONTENT

The content is appropriate to the user population

Strongly agree Agree Disagree Strongly Disagree

The product meets information/curricular needs of the user population

Strongly agree Agree Disagree Strongly Disagree

The depth of coverage is adequate

Strongly agree Agree Disagree Strongly Disagree

What are the strengths and/or weaknesses? Please explain.

_____.

WHAT COURSE(S) WOULD THIS MATERIAL BE USED FOR?

_____.

COMMENTS: _____

RECOMMEND FOR PURCHASE (Please check or mark an X below):

YES ____ NO ____.

PURCHASE FOR INSTRUCTOR ONLY ____

PURCHASE FOR LIBRARY COLLECTION ONLY ____

PURCHASE FOR BOTH INSTRUCTOR & LIBRARY ____

Please forward to Paul Hersh, Director of Libraries:

Email: phersh@riversidehealth.org or via interoffice mail.

Thank you in advance for your cooperation.