



NATIONAL ARCHIVES

Workshop Title: _____

The Center for Legislative Archives

Date: _____

Instructions: Tell us about your experience today by *circling* your choices. This valuable information will improve future public outreach programs. Please turn in your completed survey to the designated area or to a staff member. We appreciate your feedback. Thank you for helping us serve you better.

1.	Overall, I am satisfied with my education program experience today (141).*			
	Strongly Agree	Agree	Disagree	Strongly Disagree
3.	Is this your first time participating in a Center for Legislative Archives' workshop (142)?			
	Yes		No	
5.	I learned something that I can apply to my work (149).			
	Yes		No	
7.	I gained new knowledge and/or skills.			
	Yes		No	
9.	The material provided effectively aligns with current education standards.			
	Yes		No	
11.	The audiovisual materials were effective, clear, and appropriate.			
	Yes		No	
13.	The audiovisual technologies were fully functioning (144).			
	Yes		No	
15.	Overall, the presenter was effective.			
	Strongly Agree	Agree	Disagree	Strongly Disagree
17.	The program meets my professional needs (150).			
	Yes		No	
19.	Will you recommend this program to other educators (147)?			
	Yes		No	
21.	The facilities were clean and well maintained (143).			
	Yes		No	
23.	Additional Comment(s): (Please feel free to write on the back of this sheet.)			
24.	Sex (145):			
	Female		Male	

Numbers are for internal purposes only

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT: You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Public burden reporting for this collection of information is estimated to be less than 5 minutes per response. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (ISSD), 8601 Adelphi Rd, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.**