

As a past Museum Assessment Program (MAP) program participant, you have been asked to take part in this periodic evaluation of the program. The American Alliance of Museums (AAM) and its MAP Co-operator, the Institute of Museum and Library Services (IMLS) **is conducting a study to explore museums' perceptions about how the program has informed their practice and influenced their operations.** ~~is conducting a study to explore how MAP impacts individual institutions and the museum field as a whole.~~

If you agree to participate in this study, you will complete the following online survey, which includes questions on:

- Your views on the assessment process overall and its components.
- How ~~your~~ **you feel** participation in MAP has ~~impacted~~ **changed or improved** your institution (e.g., ~~operations, initiatives,~~ plans ~~and~~ policies, capacity building, ~~etc.~~).

**Your participation is greatly valued but is voluntary.**

- There are no consequences to you if you choose not to participate. We do not anticipate any risks or benefits to you by participating in this study.

**The survey will take approximately 30 minutes to complete.**

- You may skip any questions that you do not want to answer, and you are free to quit the survey at any time. You must complete the survey in one session. If you exit the survey partway through, your answers will not be saved or included in any data analysis; however you can restart it again later.

**Your responses remain confidential and will only be used in the aggregate.**

- Individual responses remain confidential and will not be shared in a way that reveals the identity of the respondent, so we welcome your candor and thoughtfulness. The records of this survey will be kept private, accessible only by the researchers and AAM staff. Your e-mail address, name, or institution will not be associated with your responses. No identifying information will be included in any reports resulting from this study.

*If you have questions about this study or would like a copy of this consent page, please contact the study evaluator:*

Angie Ong  
Spotlight Impact, LLC  
angie@spotlightimpact.com  
206.484.1953

By continuing, I indicate that I have read the above information, had the chance to ask questions and receive answers, and I consent to take part in the research.

## Your Map Participation

**Within the last 10 years, your organization participated in the Museum Assessment Program (MAP). As a reminder, your institution may have completed one or more of the following MAP assessment programs:**

- **Organizational / Institutional**

This assessment places emphasis on strategic planning as well as ensuring operations align with a museum's mission.

- **Governance / Leadership**

The assessment places emphasis on enhancing the ability of the governing authority to advance the mission and engage in effective planning.

- **Collections Stewardship / Collections Management**

This assessment places emphasis on collections care, use, acquisitions, deaccessioning, legal, ethical, and safety issues.

- **Community Engagement / Public Dimension**

This assessment places emphasis on helping museums gain input from their constituents, develop a more nuanced view of their audience needs, form new community collaborations and strengthen existing partnerships.

***Please answer the next sections with your overall MAP participation in mind whether you've completed one or more assessments. Later in the survey you will be asked to think about the individual assessments more specifically.***

1. **Were you working at your organization during the time of your last MAP assessment?  
Did you participate?**

- Yes, I participated in the MAP assessment > Go to Q2
- Yes, but I did not directly participate in the MAP assessment > Go to Q2
- No, but I am aware of our museum's past MAP assessment participation > Go to Q2
- No, I am not aware of our museum's past MAP assessment participation > Do not continue

2. **On a scale of 1 to 7 (1= Not an Influence, and 7 = A big influence) indicate which of the following factors influenced your decision to participate in MAP.**

	<i>Not an influence</i>						<i>A big influence</i>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Peer review / Consultive aspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-assessment aspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to do an assessment of the museum's strengths and weaknesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eventual goal of accreditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The time commitment involved suited our institutional timeline and available capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Success a peer museum as had from the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendation from a colleague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chance to learn about standards and best practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to leverage institutional change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to get our board more engaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to create a foundation for strategic planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to increase our community engagement/visibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to enhance fundraising efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **Did your MAP participation have a positive influence on your organization, in either the short or long term?**

- Yes
- No
- I'm not sure

*If you said "No" or "I'm not sure", explain why?*

4. **Since completing the MAP process, to what extent do you agree with the following statements?**

	<b>Complet ely Disagre e 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Complet ely Agree 7</b>
Staff and Leadership have a better understanding of standards and best practices in the museum field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff and governing body (board) have a better understanding of their responsibilities within the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are better able to <i>identify</i> the challenges that face our institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are better able to <i>address</i> the challenges that face our institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have improved our capacity to develop effective processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have improved our capacity to develop effective plans and policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have been able to increase our museum's engagement/visibility with the surrounding community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAP has made my museum a more professional organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. **MAP aims to increase institutional capacity to improve knowledge, capabilities, process and policies of your organization and staff. To what extent has your institution's MAP participation improved any of the following:**

	<b>No improvem ent 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Great improvem ent 7</b>
Knowledge about your museum's community and stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alignment of your organizational structure to your mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alignment of your museum's operations to your mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alignment of your museum's policies/activities with your mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to apply for funding through grants or other sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Success in obtaining new funding sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall financial stability of your institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ability to identify and develop potential audiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to better serve your audiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your readiness for accreditation or reaccreditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Has your organization implemented changes in institutional practice since completing the MAP process?**

- Yes > Go to Q8
- No > Go to Q7
- I'm not sure > Go to Q7

**7. What has prevented your organization from implementing changes? Were there specific circumstances that made implementing change difficult?**

> Once this question is complete go to Q14 (Skip Q8-13)

**8. Please describe the most significant changes you've seen in your organization's institutional capacity since completing MAP. (Describe these changes in as much detail as possible)**

**9. Overall, to what extent can these institutional changes be attributed to your**

**participation in MAP?**

- |                              |                          |                             |                          |                                 |
|------------------------------|--------------------------|-----------------------------|--------------------------|---------------------------------|
| <i>A little or no extent</i> | <i>To some extent</i>    | <i>To a moderate extent</i> | <i>To a great extent</i> | <i>To a considerable extent</i> |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>        |

*Clarify you answer above if necessary*

## MAP Components & Resources

10.

Please indicate the degree to which the following MAP components contributed to your organization's ability to improve its practices and overall capacity.

	<i>No improvement</i>						<i>Great improvement</i>	<i>N/A</i>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	
Self Study Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Study activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online resources / Webinar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer reviewer site visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written report from peer reviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up work with / return visit from peer reviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Of the components listed above, which one contributed most to your organization's changes(s) in practice or philosophy? Please list and explain why in specific detail.

## Core Documents Verification, Accreditation, or Reaccreditation

12. Is your organization planning on applying for Core Documents Verification, Accreditation, or Reaccreditation? When?

- Yes, within 1-3 years > Go to Q13
- Yes, within 3-5 years > Go to Q13
- Yes, but not sure when > Go to Q13
- No > Go to Q14

13. How has the MAP process, helped your organization be better prepared to pursue Core Documents Verification, accreditation, or reaccreditation? (Be specific)

## Challenges to Implementing Change

14. **We know that implementing institutional change and building institutional capacity is often a difficult task. Did any of the following situations act as barriers to implementing change at your organization?**

- |   |   |
|---|---|
| <input type="checkbox"/> Lack of engagement from staff                              | <input type="checkbox"/> Loss of funds or other financial resource issues |
| <input type="checkbox"/> Lack of engagement from organization's governing authority | <input type="checkbox"/> Problems sharing the information internally      |
| <input type="checkbox"/> Director turnover  | <input type="checkbox"/> Lack of process to implement change              |
| <input type="checkbox"/> Other staff turnover                                       | <input type="checkbox"/> Lack of ownership for change                     |
| <input type="checkbox"/> Lack of agreement about institutional priorities           | <input type="checkbox"/> Other: (please list below)                       |

15.

**How if at all, could the MAP process be more useful in supporting the development of institutional capacity and/or enabling positive change in museums?**

## Individual Assessment Sections

**The following sections include questions specific to each individual assessment program:**

- **Organizational / Institutional**
- **Governance / Leadership**
- **Collections Stewardship / Collections Management**
- **Community Engagement / Public Dimension**

**Only respond to the questions for the assessments your organization has completed.**

**After you have completed these questions you may finish the survey by completing the Institutional Profile section on the final page.**

## Organizational / Institutional Assessment

1. **Approximately, when did your organization complete the Organizational/Institutional Assessment?**

- Within the last year
- Within 1-3 years
- Within 3-5 years
- More than 5 years ago

2. **How valuable was this assessment program to your organization?**

<i><b>Nat at all valuable</b></i>							<i><b>Very valuable</b></i>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **If you rated this program a 1 or 2, how could this assessment have been more useful to your institution?**

4. **Would you recommend this assessment type to a colleague at a different organization?**

- Yes
- No



5. **The following is a list of possible outcomes that could result from an Organizational/Institutional Assessment. Please indicate if/when your organization has undertaken, or plans to undertake, any of these changes or improvements.**

	<i>Short-Term: Completed within a year of completing MAP</i>	<i>Mid-Term: Completed between 1-3 years of completing MAP</i>	<i>Long-Term: Completed after 3 years of completing MAP</i>	<i>We have yet to do this, but are planning to</i>	<i>We are not planning to do this</i>
Increase staff knowledge about museum standards and best practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve alignment of museum operations to your mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve alignment of organizational structure to your mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a mission statement or refine the existing mission statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop an institutional code of ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop an institutional plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop an interpretive plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop an investment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a personnel plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop/review/revise policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess facilities management needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Become financially sustainable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any other outcomes that resulted from your Organizational Assessment and when they took place.

## Governance/Leadership Assessment

1. **Approximately, when did your organization complete the Governance/Leadership Assessment?**

- Within the last year
- Within 1-3 years
- Within 3-5 years
- More than 5 years ago

2. **How valuable was this assessment program to your organization?**

<i><b>Nat at all valuable</b></i>							<i><b>Very valuable</b></i>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **If you rated this program a 1 or 2, how could this assessment have been more useful to your institution?**

4. **Would you recommend this assessment type to a colleague at a different organization?**

- Yes
- No

5. **The following is a list of possible outcomes that could result from a Governance/Leadership Assessment. Please indicate if/when your organization has undertaken, or plans to undertake, any of these changes or improvements.**

	<b>Short-Term: Completed within a year of completing MAP</b>	<b>Mid-Term: Completed between 1-3 years of completing MAP</b>	<b>Long-Term: Completed after 3 years of completing MAP</b>	<b>We have yet to do this, but are planning to</b>	<b>We are not planning to do this</b>
Improved understanding of the roles and responsibilities of the governing authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvements in board recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvements in board retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvements in board engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased ability to obtain/manage resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved clarity regarding the roles of auxiliary groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved communications among members of the governing authority, staff, and auxiliary groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any other outcomes that resulted from your Governance/Leadership Assessment and when they took place.

## Collections Stewardship/Collections Management Assessment

1. **Approximately, when did your organization complete the Collections Stewardship/Management Assessment?**

- Within the last year
- Within 1-3 years
- Within 3-5 years
- More than 5 years ago

2. **How valuable was this assessment program to your organization?**

<i><b>Nat at all valuable</b></i>							<i><b>Very valuable</b></i>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **If you rated this program a 1 or 2, how could this assessment have been more useful to your institution?**

4. **Would you recommend this assessment type to a colleague at a different organization?**

- Yes
- No

5. **The following is a list of possible outcomes that could result from an Collections Stewardship/Management Assessment. Please indicate if/when your organization has undertaken, or plans to undertake, any of these changes or improvements.**

	<i>Short-Term: Completed within a year of completing MAP</i>	<i>Mid-Term: Completed between 1-3 years of completing MAP</i>	<i>Long-Term: Completed after 3 years of completing MAP</i>	<i>We have yet to do this, but are planning to</i>	<i>We are not planning to do this</i>
Improve alignment of collections with your mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve alignment of collections with the institutional plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write a collections plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write a conservation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write an emergency management plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write/revise a collections management policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write/revise collections management procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve collections care (storage, environmental conditions, security, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prioritize long-term collections management issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess needs in the area of collections management staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase number/capacity of staff dedicated to collections care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve collections documentation (accessioning, cataloguing, database, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any other outcomes that resulted from your Collections Stewardship Assessment and when they took place.

## Community Engagement/Public Dimension

1. **Approximately, when did your organization complete the Community Engagement/Public Dimension Assessment?**

- Within the last year
- Within 1-3 years
- Within 3-5 years
- More than 5 years ago

2. **How valuable was this assessment program to your organization?**

3. **If you rated this program a 1 or 2, how could this assessment have been more useful to your institution?**

4. **Would you recommend this assessment type to a colleague at a different organization?**

- Yes
- No

5. **The following is a list of possible outcomes that could result from a Community Engagement/Public Dimension Assessment. Please indicate if/when your organization has undertaken, or plans to undertake, any of these changes or improvements.**

<i>Short-Term:</i>	<i>Mid-Term:</i>	<i>Long-Term:</i>	We have yet to do	We are not
--------------------	------------------	-------------------	-------------------	------------

	<b>Completed within a year of completing MAP</b>	<b>between 1- 3 years of completing MAP</b>	<b>Completed after 3 years of completing MAP</b>	<b>this, but are planning to</b>	<b>planning to do this</b>
Increase understanding of museum's community and stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase understanding of how the museum is perceived by its audiences and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve alignment of mission with your audience and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better communicate with your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify and develop potential audiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gain/Connect with new audiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create collaborations to address community needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporate community needs into long-range plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct audience evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhance visitor services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet audience needs through exhibitions and programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write a marketing plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write/review/revise policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any other outcomes that resulted from your Community Engagement Assessment and when they took place.

## Institutional Profile

**16. Which of the following best describes your region? (select only one)**

- New England (NEMA)       Midwest (AMM)       Southeastern (SEMC)  
 Mid-Atlantic (MAAM)       Mountain-Plains (MPMA)       Western (WMA)

**17. Which of the following best describes your institution?**

- Aquarium       History Museum  
 Arboretum/Botanic garden       Natural History/Anthropology Museum
- Art Museum/Center       Nature Center  
 Children's/Youth Museum       Planetarium  
 Ethnic/Cultural/Tribal specific       Science/Technology Museum  
 General museum (representing 2 or more disciplines)       Zoological Society  
 Historic House/Site       Specialized Museum (*one narrowly defined*

*discipline)*

*If Specialized Museum, list the discipline:*

\_\_\_\_\_

**18. What is your museum's total operating budget for the most recent fiscal year? (select only one)**

- Under \$50,000       \$250,000-\$399,000       \$3,000,000-\$4,999,999  
 \$50,000-\$124,000       \$400,000-\$999,000       \$5,000,000-\$10,000,000  
 \$125,000-\$249,000       \$1,000,000-\$2,999,999       Over \$10,000,000

**19. Approximately how many staff members/volunteers work at your organization?**

- \_\_\_\_\_ Full-time staff  
\_\_\_\_\_ Part-time staff  
\_\_\_\_\_ Full-time unpaid staff  
\_\_\_\_\_ Part-time unpaid staff

**20. In effort to learn more about MAP participants and their experiences; we are conducting brief telephone interviews in the coming months. This conversation will expand upon the responses you have provide here and allow AAM to gain a better understanding of **the impact** how MAP has contributed to your institution and how the process can be improved **upon**.**

**If you'd be willing to be contacted, please leave your contact information below:**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Best times to contact you:** \_\_\_\_\_



**THANK YOU FOR YOUR PARTICIPATION!**