**Location:** National Archives, Washington, DC **Date:** Day of wk, Mo., Date, 20xx

**Instructions: Please tell us about your experience today by *circling* your answer in this survey. We appreciate your feedback, and we assure you this valuable information will go to improving future public outreach projects and programs for the National Archives. Please turn-in your completed survey in the designated area or return to a staff member. Thank you for helping us serve you better.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Overall, I am satisfied with my education program experience today.** | | | | | |
| Strongly Agree | Agree | | Disagree | | Strongly Disagree |
|  | **Is this your first education program at the National Archives in Washington, DC?** | | | | | |
| Yes | | | No | | |
|  | **How did you learn about the Constitution-in-Action Learning Lab?** | | | | | |
| Brochure or flyer | | Calendar of Events | | Magazine | |
| Newsletter | | Newspaper | | Professional publication | |
| Promotional signs | | Radio or Television | | Social media  (Facebook© or Twitter©) | |
| Teacher Conference | | Website | | Word of mouth or  personal recommendation | |
| Other: | | | | | |
|  | **The registration process was user-friendly.** | | | | | |
| Yes | | | No | | |
|  | **What were your main objectives for participating in this program?** | | | | | |
|  | | | | | |
|  | **The content of the program was presented in an age appropriate manner.** | | | | | |
| Yes | | | No | | |
|  | **The teaching techniques used engaged my students.** | | | | | |
| Yes | | | No | | |
|  | **Will you recommend this program to other educators?** | | | | | |
| Yes | | | No | | |
|  | **The program meets my students’ needs.** | | | | | |
| Yes | | | No | | |
|  | **How does this program fit into your curriculum?** | | | | | |
|  | | | | | |
|  | **Will you recommend this program to other educators?** | | | | | |
| Yes | | | No | | |
|  | **The facilitator encouraged participation.** | | | | | |
| Yes | | | No | | |
|  | **The facilitator kept the participants focused.** | | | | | |
| Yes | | | No | | |
|  | **Additional Comment(s):** | | | | | |
|  | | | | | |
|  | **Please leave a preferred email address, if you would like to receive information about upcoming events:** | | | | | |
|  | | | | | |