



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

\*Numbers are for internal purposes only\*

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