

CAP Participant Feedback Form

Thank you for your participation in the CAP Program! The Foundation of the American Institute for Conservation relies on your feedback to gain a better understanding of the impacts of CAP and to help us improve the program for future years. Please share your experience with us by completing this Feedback Form.

Only aggregate results will be shared outside of FAIC and IMLS staff unless you choose to share your survey with your assessors by checking the box at the end of the survey. We thank you in advance for your feedback and appreciate any comments you may have.



Name of Institution: _____

Did you visit the FAIC website for information about the CAP Program at any time?

Yes No

If yes, indicate your level of agreement with the following statements about the **CAP INFORMATION ON THE FAIC WEBSITE** by placing an "X" in the appropriate box:

	Strongl y Agree	Somew hat Agree	Neither Agree nor Disagree	Somewh at Disagree	Strongl y Disagre e
The FAIC website					
clearly explained					
the purpose of a					
general					
conservation					
assessment.					
The FAIC website					
clearly explained					
the CAP program.					
The FAIC website					
was easy to					
navigate.					
M/la a ha a sul al susa al a ha			- + / + +		

What could we do to improve the CAP website? (optional)

Indicate your level of agreement with the following statements about the **CAP PROGRAM HANDBOOK** by placing an "X" in the appropriate box:

	Strongl y Agree	Somew hat Agree	Neither Agree nor Disagre e	Somew hat Disagre e	Stron gly Disagr ee
The CAP Program Handbook prepared staff and board members for exactly what to expect from the on-site visits.					
The CAP Program Handbook clearly described the steps of the CAP process.					
The CAP Program Handbook provided all of the information needed to participate in the CAP program.					
The CAP Program Handbook was easy to understand.					

What could we do to improve the CAP Program Handbook? (optional)

Did you participate in the CAP Orientation webinar (either live or by viewing the recorded version)?

Yes No

If yes, indicate your level of agreement with the following statements about the **CAP ORIENTATION WEBINAR** by placing an "X" in the appropriate box:

	Strongl	Somew	Neither	Somewh	Strongl
	y Agree	hat	Agree	at	y
OMB Number: 3137-01	.03 Expirat	tion Date: 7	/31/2018	IMLS	-CLR-F-0050

	Agree	nor Disagree	Disagree	Disagre e
The CAP				
Orientation				
webinar gave me a				
better				
understanding of				
the program				
process. The CAP				
Orientation				
webinar provided				
additional tips that				
were not covered				
in the program				
website and CAP				
Handbook.				

What could we do to improve the CAP Orientation webinar? (optional)

Indicate your level of agreement with the following statements about the **ASSESSOR SEARCH PROCESS** by placing an "X" in the appropriate box:

	Stron gly Agree	Somew hat Agree	Neithe r Agree nor Disagr ee	Somew hat Disagre e	Stron gly Disagr ee
The Approved Assessor List was a helpful tool in the assessor selection process.					
Prospective assessors responded to my emails and/or phone calls quickly during the search process.					
During the search process, assessors were able to discuss their appropriateness to my institution's collections.					
Assessors promptly submitted proposals outlining the costs of an assessment.					

What factors did you consider when choosing assessors? (check all that apply)

- □ Assessors' expertise with specific museum collection type
- Professional references in the Approved Assessor list
- □ Location (proximity to your institution)
- **D** Recommendation from another assessor
- □ Recommendation from another museum
- □ My institution had a previous relationship with assessor
- □ Assessors' fee
- □ Other. Specify:

What could we do to improve the assessor search process? (optional)

Which staff members and/or board members were involved in the CAP site visit?

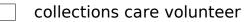
	1

governing authority

director

management decision-maker (other than director)

collections care staff



other

Indicate your level of agreement with the following statements about the **SITE QUESTIONNAIRE** by placing an "X" in the appropriate box:

	Strong ly Agree	Somew hat Agree	Neithe r Agree nor Disagr ee	Somew hat Disagre e	Stron gly Disagr ee	N/A
The Site Questionnaire						
was easy to						
complete.						

What could we do to improve the Site Questionnaire? (optional)

In the next section, you will be asked to individually rate each CAP assessor who visited your institution.

Assessor 1 Name:

Type of assessor (select one):

- Non-living collections
- Living collections
- Architectural

Indicate your level of agreement with the following statements about the **ASSESSOR 1** by placing an "X" in the appropriate box:

	Stron gly agree	Somew hat Agree	Neithe r Agree nor Disagr ee	Somew hat Disagre e	Strongl y Disagr ee
The assessor was well prepared for the pre-visit call and onsite visit.					
The assessor demonstrated experience with our collection type.					
The assessor communicated well with staff and board members.					
The assessor provided preliminary feedback on site.					
The assessor provided rough and final drafts by the deadline dates in our contract.					
The assessor'sreport contained a prioritized list of recommendations.					

How could Assessor 1 have provided a better assessment? (optional)

Did you have a second assessor? Yes No

If yes, please complete the following information for Assessor 2.

Assessor 2 Name: _____

Type of assessor (select one):

Non-living collections

Living collections

Architectural

Indicate your level of agreement with the following statements about the **ASSESSOR 2** by placing an "X" in the appropriate box:

	Stron gly agree	Somew hat Agree	Neithe r Agree nor Disagr ee	Somew hat Disagre e	Strongl y Disagr ee
The assessor was well prepared for the pre-visit call and onsite visit.					
The assessor demonstrated experience with our collection type. The assessor communicated well with staff and board members.					
The assessor provided preliminary feedback on site.					
The assessor provided rough and final drafts by the deadline dates in our contract.					
The assessor's report contained a prioritized list of recommendations.					

How could Assessor 2 have provided a better assessment? (optional)

What are the top three recommendations you hope to accomplish from the CAP report within the next year?

- 1.
- 2.
- 3.

Did your report offer guidance or resources for achieving the report recommendations?

Yes	No
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Did you contact CAP staff at any time during the process? Yes

No

If yes, how would you rate:

	Exceeded Expectati ons		Met Expectati ons		Did Not Meet Expectati ons
	5	4	3	2	1
CAP staff's ability to					
answer					
questions.					

What could we have done to better answer your questions? (optional)

Overall, how would you rate:

	Exceeded Expectati ons		Met Expectati ons		Did Not Meet Expectati ons
	5	4	3	2	1
Your experience with CAP.					
The value of the final report to your institution.					

What could we do to improve your overall experience? (optional)

Based on your CAP report, what are your organization's top three priorities?

1.

2.

3.

Do you feel that the majority of the recommendations in the report are achievable?

Yes		No
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Please explain_____Did your report offer resources for achieving the report recommendations?

Yes		No
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To the best of your knowledge, please estimate the total number of hours paid and volunteer staff contributed to the CAP process. Include time for applying to the program, reading the CAP handbook and program materials, selecting assessors, completing the Site Questionnaire, participating in the pre-site visit call, preparing for site visit, participating in the site visit, reviewing the draft report, follow-up discussions with assessors, etc.

Hours Contributed by	Hours Contributed by
Paid Staff	Volunteers and Board
	Members

What is the dollar value of the time investment by your PAID staff (if applicable) as quantified above? (For example, if your staff contributed a total of 100 hours and your staff is paid is \$20 per hour, the value would be \$2,000). _____\$_____

If you would like a CAP staff member to contact you to discuss your experience further, please provide us with your name and the best number to reach you:

Name:		
Phone:		

Many assessors are interested in receiving feedback from institutions that will help them improve for future assessments. If you would be willing to OMB Number: 3137-0103 Expiration Date: 7/31/2018 IMLS-CLR-F-0050 share this information with your assessor, please check the box below.

Yes, I give FAIC permission to anonymously share this information with my CAP assessor(s) to help them improve their future assessments.