



Museum Assessment Program (MAP) Follow Up Visit Request Form

Name of Museum:

Museum contact person:

Name of Peer Reviewer:

Dates of original site visit:

What will happen during the follow up site visit / what will the peer reviewer do on-site? (limit answer to ~150 words)

What do you want to get out of this visit (what are your goals and objectives for it) and why? (limit answer to ~150 words)

Tentative dates for 2nd visit:

Draft agenda for visit (provide a framework for the visit that includes the basics of who/what/when):

Describe how the museum has already acted on the recommendations and findings of the original report. (max 250 words; you do not have to itemize every recommendation in the report)

We the undersigned have agreed up on the goals, activities, and agenda listed above and both feel they are acceptable and realistic for the follow up MAP visit. If substantive changes are made we will inform the MAP staff.

Peer Reviewer Signature

Date

Museum Representative

Date

Museum Board President

Date