

MAP Evaluation: Site Visit for Peer Reviewer

Site Visit Evaluation

Thank you for conducting a Site Visit for the Museum Assessment Program (MAP).

We ask all participating peer reviewers to complete an evaluation following their visit. This check-in helps us understand where the program can improve, what aspects are most valuable, and helps us report back to our funders and stakeholders.

Thank you in advance for sharing your honest feedback with us!

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About the institution

What is the name of the institution or museum you worked with for this MAP?

* Type of MAP Assessment:

- Organizational
- Board Leadership
- Collections Stewardship
- Education & Interpretation
- Community & Audience Engagement

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Before the visit

* **In the past**, on how many MAP assessments have you served as a peer reviewer:

- 0, this is my first MAP
- 1 prior assessment
- 2 prior assessments
- 3 prior assessments
- 4 prior assessments
- 5+ prior assessments

* Please rate the usefulness of the following resources in preparing for your visit:

	Not at all useful	Somewhat useful	Very useful	N/A; Did not use or did not receive
Peer review manual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer review web resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer review portal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials supplied by the museum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MAP workbook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What additional resources or improvements could be made to better prepare peer reviewers for the visit?

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Your Assessment experience

* To what extent did you encounter difficulty with the following during your involvement with this Assessment?

	Great difficulty	Some difficulty	No difficulty
Length of time to prepare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of site visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of time to write the report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Museum staff knowledgeability about subject matter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal expertise and knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships with or circumstances at the museum or institution I visited (e.g., issues with hiring/firing, ethics, internal politics, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication with the institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication with MAP staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you experienced **some or great difficulty**, or challenges not listed above, please describe:

* To what extent do you agree or disagree with the following statements as a result of conducting this Assessment?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
I gained information that will be helpful to <u>my</u> museum or institution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I gained information that helps me do <u>my</u> job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It made me feel good to help the participating institution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I value the opportunity to contribute to the field.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I made valuable connections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share any stories of experiences within the Assessment program that you, as a peer reviewer, found to be beneficial to your own professional growth or contributions to the field:

Please share anything that was surprising about your role as a peer reviewer; were any of your duties or experience different from what you expected?

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Final Thoughts

Optional

If you have something you'd like to discuss with a MAP program officer, please provide your name and email address.

Name

Email address

Optional

Please share a testimonial to help advocate for the value of MAP and promote the program:

If you choose to share a testimonial, you are giving permission for its use in promotional materials.

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Recommendation

Optional

Help us expand the MAP Peer Review Program!

Please recommend a professional you feel would be an excellent peer reviewer:

Individuals at the museum you worked with might be great candidates, too!

Name

Institution

Title

Email Address

Phone Number

Optional message for the person you recommended above.

Please use this space to share the value of MAP for a peer reviewer and why you recommend the program to them: