

Please rate the following items:

NATIONAL ARCHIVES *and* RECORDS ADMINISTRATION 700 Pennsylvania Avenue, NW Washington, DC 20408-0001 www.archives.qov



Strongly

Disagree

No basis

to answer

Click here to enter program title.

by Click here to enter presenter's name.

Click here to enter program date.

We value your opinion. Please take a few minutes to complete this evaluation. Your comments help us maintain the quality of our services and help us plan future programs.

Agree

Disagree

Strongly

Agree

| I learned something that will help me | Ц | | Ц | | |
|---|----------------------------|---------------------|--------------------|--------------------|-------------------|
| Handouts were useful | | | | | |
| The presenter was effective | | | | | |
| Overall, I was satisfied with the program | | | | | |
| I will recommend this workshop to othe ☐ Yes ☐ No Which one of the following categories b | | s you | | | |
| ☐ General public ☐ National Archives employee, student, volunteer, or docent ☐ Researcher ☐ Other (please specify) | | | | | |
| How did you hear about the program? | | | | | |
| What topics would you like featured in f | future progra | nms? | | | |
| How could this program be improved? | If more space is | needed, contin | ue on other side | e.) | |
| If you would like to discuss this programs, please contact the Research S 5260 or tell us how to get in touch with y | ervices <i>Know</i> ou. | V Your Record | ls staff at KYF | R@nara.gov o | |
| EMAIL | | | | | _ |
| PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT | · You are not requi | ired to provide the | information reques | ted on a form that | is subject to the |

Paperwork Reduction Act unless the form displays a valid OMB control number. Public burden reporting for this collection of information is estimated to be less than 5 minutes per response. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Rd, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

OMB Control No.: 3095-0070 Expiration date: 12/31/2020 NA FORM 201901 RDDC (05-17)