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# National Archives and Records Administration

**[8601 Adelphi Rd. College Park, MD 20740]**

**Agency Assistance Project Feedback**

**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 improve future projects.

**Agency Contact:** **Project Title:**

**Date:** Click here to enter a date.

**ACRA-Agency Assistance Project Lead/Point of Contact:**

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| --- | --- | --- | --- | --- | --- |
| **Please rate the ACRA-AA Project Lead/Point of Contact:** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| ACRA-AA staff provided subject matter expertise in records management standards, policies and best practices. |  |  |  |  |  |
| ACRA-AA staff communicated with agency representatives, senior management and/or leadership, using appropriate protocols and social norms suitable to the audience. |  |  |  |  |  |
| Overall, ACRA-AA staff met and/or exceeded expectations. |  |  |  |  |  |
| Please explain the reason for your ratings. Continue on reverse if more space is needed. | | | | | |

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| **Please rate the Project deliverables:** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| Delivered products were easy to interpret and follow. |  |  |  |  |  |
| Deliverables and results met key project goal. |  |  |  |  |  |
| Products and deliverables were delivered timely. |  |  |  |  |  |
| Please explain the reason for your ratings. Continue on reverse if more space is needed. | | | | | |

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| **Please rate the project overall:** | **Strongly Agree** | **Agree** | | **Disagree** | | **Strongly Disagree** | | **Not Applicable** | |
| Tasks and activities performed, adhered to approved statement of work. |  | |  | |  | |  | |  |
| Services helped inform specific actions and/or changes to agency records management program and processes. |  | |  | |  | |  | |  |
| Would work with Agency Assistance staff again? |  | |  | |  | |  | |  |
| Please explain the reason for your rating. If more space is needed, continue at bottom. | | | | | | | | | |

**Please tell us** (If more space is needed, continue at bottom.)

**How did you hear about Agency Assistance services?**

**Are there additional services would you like Agency Assistance to provide?**

**How could Agency Assistance improve our services?**

**If you would like to discuss this project OR would like us to contact you regarding upcoming records management issues, please contact** **or tell us how to get in touch with you.**

**NAME & ADDRESS** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**