

#

**SURVEY TITLE**

**Location:** Name of NARA Facility or External Venue **Date:** Day of Wk, Mo., Date, 20XX (optional)

**Instructions: Tell us about your experience today by circling your choices. This valuable information will improve future public outreach programs. Please turn in your completed survey to the designated area or to a staff member. We appreciate your feedback. Thank you for helping us serve you better.**

**\****Numbers are for internal purposes only***\***

|  |
| --- |
| **EXHIBITS SECTION** |
|  | **Overall, I am satisfied with my museum experience today** *(101)***.***\** |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
|  | **Is this your first visit to [our museum or exhibit title]?** *(102)***?** |
| Yes | No |
|  | **Is this a return visit to [our museum, exhibit title]?**  |
| Yes | No |
|  | **Reason for visiting [our museum, exhibit title]:**  |
|  |
|  | **How did you learn about [our museum, exhibit title]?**  |
| Brochure or flyer | Calendar of events | Magazine |
| Newsletter | Newspaper | Promotional signs or billboards |
| Radio or television | Social media (Facebook© or Twitter©) | Website |
| Word of mouth or personal recommendation | Chartered orgroup tour | School tour |
| Other: |
|  | **I will visit again in the future.** |
| Yes | No |
|  | **I would recommend visiting [our museum, exhibit title] to others.** |
| Yes | No |
|  | **The exhibit galleries and public spaces were clean and well maintained** *(103)***.** |
| Yes | No |
|  | **If no, please describe/explain:** |
|  |
|  | **Exhibit lighting, audiovisual technologies and interactive features were fully functioning** *(104)***.** |
| Yes | No |
|  | **The [our museum, exhibit title] signage was clear and instructive.** |
| Yes | No |
|  | **My visit to the [our museum, exhibit title] taught me something new.** |
| Yes | No |
|  | **Did you use the [interactive(s)] in the exhibit?** |
| Yes | No |
|  | **The [interactive(s)] contributed positively to my experience.** |
| Yes | No |
|  | **The written information in the [our museum, exhibit title] was easy to understand.** |
| Yes | No |
|  | **The written information in the visitor guide and/or [exhibit title] handouts was easy to understand.** |
| Yes | No |
|  | **The content in [our museum, exhibit title] was presented in a professional manner.** |
| Yes | No |
|  | **The [our museum, exhibit title] inspired me to learn more about the topic.** |
| Yes | No |
|  | **My visit to the [our museum, exhibit title] was informative.** |
| Yes | No |
|  | **My visit to the [our museum, exhibit title] met my expectations.** |
| Yes | No |
|  | **My visit inspired me to learn more about [our museum, exhibit title].** |
| Yes | No |
|  |  |
|  | **How could the visit to [our museum, exhibit title] be improved?** |
|  |
|  | **Additional Comments:** |
|  |
|  | **Sex:** |
| Female | Male |
| **EDUCATION & FAMILY PROGRAMS SECTION** |
|  | **Overall, I am satisfied with my education program experience today** *(121)****.****\** |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
|  | **Is this your first time participating in [the education program title]** *(122)***?** |
| Yes | No |
|  | **If you have previously participated in [the education program title], when was the most recent time (approx. date)?** |
|  |
|  | **Reason for participating in [the education program title]:** |
|  |
|  | **I would recommend [the education program title] to others.** |
| Yes | No |
|  | **I will participate in another education program in the future.** |
| Yes | No |
|  | **How did you learn about [the education program title]?** |
| Brochure or flyer | Calendar of Events | Magazine |
| Newsletter | Newspaper | Professional publication |
| Promotional signs | Radio or Television | Social media(Facebook© or Twitter©) |
| Teacher Conference | Website | Word of mouth orpersonal recommendation |
| Other: |
|  | **The objective(s) of [the education program title] was clear.**  |
| Yes | No |
|  | **Overall, the program met its stated objective(s)** *(126)***.** |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
|  | **The length of the program was appropriate.** |
| Yes | No |
|  | **The program was conducted in the allotted time.** |
| Yes | No |
|  | **The program description was informative.** |
| Yes | No |
|  | **The audiovisual technologies were fully functioning** *(124)***.** |
| Yes | No |
|  | **The facilities were clean and well maintained** *(123)*. |
| Yes | No |
|  | **Did you go on a docent-led [tour or program]?** |
| Yes | No |
|  | **The [tour or program] was well organized.** |
| Yes | No |
|  | **The [tour or program] was conducted in the allotted time.** |
| Yes | No |

|  |  |
| --- | --- |
|  | **The [tour or program] was well paced.** |
| Yes | No |
|  | **The [tour or program] met my expectations.** |
| Yes | No |
|  | **The [tour or program] taught me something new about [our museum, exhibit title].** |
| Yes | No |
|  | **How could the [tour or program] be improved?** |
|  |
|  | **Overall, the [guide/moderator/speaker/presenter(s)] was effective** *(128)***.** |
|  | Strongly Agree | Agree | Disagree | Strongly Disagree |
|  | **Additional Comment(s):**  |
|  |
|  | **Sex:** |
| Female | Male |
| **TEACHERS WORKSHOP SECTION** |
|  | **Overall, I am satisfied with my education program experience today** *(141)****.****\** |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
|  | **Is this your first time participating in [the teacher workshop program title]** *(142)***?** |
| Yes | No |
|  | **The registration process was user-friendly.** |
| Yes | No |
|  | **The registration fee was reasonable.**  |
| Yes | No |
|  | **Confirmation and preparatory information/materials were sent in a timely manner.** |
| Yes | No |
|  | **The content is useful/important to me.** |
| Yes | No |
|  | **I learned something that I can apply to my work** *(149)***.** |
| Yes | No |
|  | **I gained new knowledge and/or skills.** |
| Yes | No |
|  | **The topic has practical application(s) for me.** |
| Yes | No |
|  | **The handouts were useful and/or informative.** |
| Yes | No |
|  | **The material provided effectively aligns with current education standards.** |
| Yes | No |
|  | **How will you use the ideas, information and/or handouts from the program?**  |
|  |
|  | **What were your main objectives for participating in this program?** |
|  |
|  | **Were your objectives met?** |
| Yes | No |
|  | **Which part(s) of the program did you find the most interesting and/or useful?** |
|  |
|  | **The activities, assignments, and/or other requirements were appropriate.** |
| Yes | No |
|  | **The audiovisual materials were effective, clear, and appropriate.** |
| Yes | No |
|  | **The audiovisual technologies were fully functioning** *(144)***.** |
| Yes | No |
|  | **Will you recommend this program to other educators** *(147)***?** |
| Yes | No |
|  | **How does this program fit into your curriculum?** |
|  |
|  | **The program meets my professional needs** *(150)***.** |
| Yes | No |
|  | **I created materials that I will use in my classroom.** |
| Yes | No |
|  | **Please provide a statement for potential use in promoting the value of this program to other teachers or sponsors:**  |
|  |
|  | **The [facilitator/speaker/presenter(s)] was organized and prepared.** |
| Yes | No |
|  | **The [facilitator/speaker/presenter(s)] encouraged participation.** |
| Yes | No |
|  | **The [facilitator/speaker/presenter(s)] was knowledgeable about the topic.** |
| Yes | No |
|  | **The [facilitator/speaker/presenter(s)] was responsive to questions.** |
| Yes | No |
|  | **The [facilitator/speaker/presenter(s)] was engaging.**  |
| Yes | No |
|  | **The [facilitator/speaker/presenter(s)] kept the program focused.** |
| Yes | No |
|  | **The [facilitator/speaker/presenter(s)] kept the participants focused.** |
| Yes | No |
|  | **Overall, the [facilitator/speaker/presenter(s)] was effective.** |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
|  | **The space(s) used provided a comfortable setting for the program.** |
| Yes | No |
|  | **The facilities were clean and well maintained** *(143)*. |
| Yes | No |
|  | **How could this program be improved?**  |
|  |
|  | **What topic(s) would you like to see addressed in the future?**  |
|  |
|  | **Additional Comment(s):**  |
|  |
|  | **Sex:** |
| Female | Male |
| **STUDENT GROUP PROGRAMS** |
|  | **Overall, I am satisfied with my students’ group program experience today** *(161)\****.** |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
|  | **Is this your first time for your students to participate in [the student group program title]** *(162)***?** |
| Yes | No |
|  | **If you have previously participated in [the education program title], when was the most recent time (approx. date)?** |
|  |

|  |  |
| --- | --- |
|  | **Reason for participating in [the education program title]:** |
|  |
|  | **How does this program fit into your curriculum?** |
|  |
|  | **The objective(s) of [the education program title] was clear.**  |
| Yes | No |
|  | **The length of the program was appropriate.** |
| Yes | No |
|  | **The program was conducted in the allotted time.** |
| Yes | No |
|  | **The program description was informative.** |
| Yes | No |
|  | **The registration *and/or reservation process* was user-friendly.** |
| Yes | No |
|  | **The registration fee was reasonable.**  |
| Yes | No |
|  | **The handouts were useful and/or informative.** |
| Yes | No |
|  | **The material provided effectively aligns with current education standards.** |
| Yes | No |
|  | **The activities, assignments, and/or other requirements were appropriate.** |
| Yes | No |
|  | **The content of the program was presented in an age appropriate manner.** |
| Yes | No |
|  | **The teaching techniques used engaged my students.** |
| Yes | No |
|  | **The program meets my students’ needs.** |
| Yes | No |
|  | **Overall, the program met its stated objective(s)** *(166)***.** |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
|  | **Will you recommend this program to other educators** *(167)***?** |
| Yes | No |
|  | **The [facilitator/speaker/presenter(s)] was organized and prepared.** |
| Yes | No |
|  | **The [facilitator/speaker/presenter(s)] encouraged participation.** |
| Yes | No |
|  | **The [facilitator/speaker/presenter(s)] was knowledgeable about the topic.** |
| Yes | No |
|  | **The [facilitator/speaker/presenter(s)] was responsive to questions.** |
| Yes | No |
|  | **The [facilitator/speaker/presenter(s)] was engaging.**  |
| Yes | No |
|  | **The [facilitator/speaker/presenter(s)] kept the program focused.** |
| Yes | No |
|  | **The [facilitator/speaker/presenter(s)] kept the participants focused.** |
| Yes | No |
|  | **Overall, the [facilitator/speaker/presenter(s)] was effective** *(168)***.** |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
|  | **The audiovisual technologies were fully functioning** *(164)***.** |
| Yes | No |
|  | **The facilities were clean and well maintained** *(163)*. |
| Yes | No |
|  | **The space(s) used provided a comfortable setting for the program.** |
| Yes | No |
|  | **The program met my expectations.** |
| Yes | No |
|  | **How could this program be improved?** |
|  |
|  | **What topic(s) would you like to see addressed in the future?** |
|  |
|  | **Additional Comment(s):**  |
|  |
| **PUBLIC PROGRAMS SECTION** |
|  | **Overall, I am satisfied with my public program experience today** *(181)\****.** |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
|  | **Is this your first public program at [our museum]** *(182)***?** |
| Yes | No |
|  | **If you have previously participated in [public program title], when was the most recent time****(approx. date)?** |
|  |
|  | **Reason for attending in [the public program title].** |
|  |
|  | **I would recommend [the public program title] to others.** |
| Yes | No |
|  | **I will attend another public program in the future.** |
| Yes | No |

|  |  |
| --- | --- |
|  | **How did you learn about [the public program title]?** |
| Brochure or flyer | Calendar of events | Magazine |
| Newsletter | Newspaper | Promotional Signs |
| Radio or television | Social media (Facebook© or Twitter©) | Website |
| Word of mouth or personal recommendation | Chartered or group tour | School tour |
| Other: |
|  | **The objective(s) of [the public program title] was clear.** |
| Yes | No |
|  | **The length of the program was appropriate.** |
| Yes | No |
|  | **The public program was focused and on task throughout the presentation.** |
| Yes | No |
|  | **The program was conducted in the allotted time.** |
| Yes | No |
|  | **The program description was informative.** |
| Yes | No |
|  | **The program matched the description.** |
| Yes | No |
|  | **Overall, the program met its stated objective(s)** *(186)***.** |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
|  | **The registration and/or reservation process was user-friendly.** |
| Yes | No |
|  | **The content is useful/important to me.** |
| Yes | No |
|  | **I learned something that will be useful to me.** |
| Yes | No |
|  | **I gained new knowledge and/or skill.** |
| Yes | No |
|  | **The handouts were useful and informative.** |
| Yes | No |
|  | **The audiovisual technologies were fully functioning** *(184)***.** |
| Yes | No |
|  | **The audiovisual materials were effective, clear, and appropriate.** |
| Yes | No |
|  | **How will you use the content from the program?**  |
|  |
|  | **The [moderator/speaker/presenter(s)] was organized and prepared.** |
| Yes | No |
|  | **The [moderator/speaker/presenter(s)] encouraged participation.** |
| Yes | No |
|  | **The [moderator/speaker/presenter(s)] was knowledgeable about the topic.** |
| Yes | No |
|  | **The [moderator/speaker/presenter(s)] was responsive to questions.** |
| Yes | No |
|  | **The [moderator/speaker/presenter(s)] was engaging.** |
| Yes | No |
|  | **The [moderator/speaker/presenter(s)] kept the program focused.** |
| Yes | No |
|  | **The [moderator/speaker/presenter(s)] kept the participants focused.** |
| Yes | No |
|  | **Overall, the [moderator/speaker/presenter(s)] was effective** *(188)***.** |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
|  | **The space for the public program was a comfortable setting for the presentation.** |
| Yes | No |
|  | **The facilities were clean and well maintained** *(183)***.** |
| Yes | No |
|  | **The program met my expectations.** |
| Yes | No |
|  | **The staff was helpful and informative.** |
| Yes | No |
|  | **How could this program be improved?** |
|  |
|  | **What topic(s) would you like to see addressed in the future?** |
|  |
|  | **Additional Comment(s):**  |
|  |
|  | ***Additional Comment(s):***  |
| *Any suggestions of multicultural holidays or performers you think we should consider for future program offerings?* |
|  | **Sex:** |
| Female | Male |
| **ADDITIONAL DEMOGRAPHIC SECTION** |
|  | **Age:** |
| 18-24 | 25-34 | 35-44 |
| 45-55 | 56-64 | 65+ |

|  |  |
| --- | --- |
|  | **Race and ethnicity (circle or write-in all that apply):** |
| White | Black or African American |
| American Indian or Alaskan Native | South Indian |
| Chinese | Japanese |
| Filipino | Korean |
| Vietnamese | Other Asian:­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Native Hawaiian | Guamanian or Chamorro |
| Samoan | Other Pacific Islander:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other: |
|  | **Hispanic, Spanish or Latino Origin?** |
| Yes | No |
|  | **Country:** |
| **State:** |
| **Zip Code:** |

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