OMB Control # 3137-0101
Expiration Date XX/XX/XXXX

**End-of-Program Survey for Museums**

## Thank you for participating in the Museum Assessment Program (MAP).

*If you have not yet reviewed the final Assessment Report, please do so and return to this survey when you are ready*.

As part of the program, we ask all institutions to complete a survey at the end of the program and one year following their experience. Your feedback helps us understand where the program can improve, what aspects are most valuable, and provides useful information to share with our funders and stakeholders.

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

(\*Required)

**About your Institution**

### What is the name of your institution or museum?

\* Type of MAP Assessment

* Organizational
* Board Leadership
* Collections Stewardship
* Education and Interpretation
* Community and Audience Engagement

\* Did you encounter difficulty with any of the following while completing the MAP Workbook?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No Difficulty** | **Some Difficulty** | **Great Difficulty** | **N/A** |
| Finding time to complete the workbook |  |  |  |  |
| Dividing tasks among colleagues |  |  |  |  |
| Getting buy-in or support from leadership to complete the MAP workbook |  |  |  |  |
| Aligning activities or workbook to our institutional priorities |  |  |  |  |
| Finding answers to the questions asked and/or locating resources |  |  |  |  |
| Using or filling in the MAP Workbook  |  |  |  |  |

If some or great difficulty, what could have helped to reduce these issues?

## \* Thinking about the full MAP Workbook process, please rate the following statements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Disagree |
| The instructions for filling out the MAP Workbook were clear. |  |  |  |  |  |
| The MAP Workbook form was easy to use. |  |  |  |  |  |
| The MAP Workbook had educational value for my institution. |  |  |  |  |  |
| The MAP Workbook helped us discuss important institutional priorities. |  |  |  |  |  |
| The MAP Workbook helped us make a change or take action. |  |  |  |  |  |

## \* Thinking about the Activities included in the MAP Workbook, please rate the following statements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Disagree |
| Activity instructions were clear and easy to follow. |  |  |  |  |  |
| Activities were achievable within the timeframe provided. |  |  |  |  |  |
| Activities were useful to my institution. |  |  |  |  |  |
| Activities helped us discuss important institutional priorities. |  |  |  |  |  |
| Activities helped us make a change or take action. |  |  |  |  |  |

The Workbook Activity that helped our museum the most was:

\* Please share the greatest benefit(s) of the MAP Workbook process *for your institution as a whole*:

\* Please share the greatest benefit(s) of the MAP Workbook process *for your institution's staff*:

*Optional*

## Please share any additional recommendations or comments about the MAP Workbook process:

**Your MAP Site Visit**

## \* Please rate your overall experience with the site visit:

## Poor

## Fair

## Good

## Excellent

## Superior

## As a result of the site visit, to what extent did your institution...?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at All** | **Somewhat** | **Mostly** | **Greatly** |
| Gain perspective by seeing itself through an outsider’s lens |  |  |  |  |
| Gain awareness of changes to be made |  |  |  |  |
| Discuss topics that were previously off-limits or uncomfortable |  |  |  |  |
| Demonstrate commitment to making changes |  |  |  |  |
| Make adjustments to our day-to-day operations or approach |  |  |  |  |

Please share any examples of these or other gains made by your institution due to the site visit:

**Your Peer Reviewer**

## \* To what extent did your Peer Reviewer...?

*If you had more than one Peer Reviewer, please rate them together.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at All** | **Somewhat** | **Mostly** | **Greatly** |
| Know about the goals of your institution for the MAP Program |  |  |  |  |
| Appear familiar with the program’s materials (e.g., MAP Workbook) |  |  |  |  |
| Have experience that helped them guide your institution |  |  |  |  |
| Clearly explain their role and expectations for the visit |  |  |  |  |
| Thoughtfully ask questions or gather information |  |  |  |  |

## \* To what extent was your Peer Reviewer...?

*If you had more than one Peer Reviewer, please rate them together.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at All** | **Somewhat** | **Mostly** | **Greatly** |
| Easy to communicate with |  |  |  |  |
| An adept listener |  |  |  |  |
| Diplomatic |  |  |  |  |
| Respectful of staff and governing authority |  |  |  |  |
| Helpful in identifying a path to your goals |  |  |  |  |
| Supportive of your institution’s growth |  |  |  |  |
| On time with deliverables and milestones |  |  |  |  |

**Your Assessment Report**

### \* How long ago did you receive your MAP Assessment Report?

* Have not yet received the report
* Received this week
* One month ago
* 2 months ago
* 3 months ago
* 4+ months ago

### \* Please sort the following aspects of your final report from most to least useful: [SURVEY TOOL WILL ACCOMMODATE SORTING]

*If your report did not include this aspect, please mark N/A.*

Our institution’s goals for the MAP

* N/A

Analysis of institution’s strengths

* N/A

Analysis of institution’s weaknesses

* N/A

Standards and best practices to adopt

* N/A

Recommendations

* N/A

Resources

* N/A

### \* Which aspects of your report were especially helpful in making immediate changes or helping with long-term planning?

### \* Were details in the report more general or more specific to your institution?

*Drag the slider to the position you believe best describes your report.*

*[Insert slider that moves from General to Specific.]*

### Were details in the report more inaccurate or more accurate about your institution?

*Drag the slider to the position you believe best describes your report.*

*[Insert slider that moves from Inaccurate to Accurate.]*

**MAP Process: Views**

## \* Please indicate the degree to which MAP changed the way you or your team views your museum:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at All** | **Somewhat** | **Greatly** | **N/A; Not relevant for our MAP** |
| Increased awareness of our institution’s identity, role, and/or mission |  |  |  |  |
| Increased awareness of challenges facing our institution |  |  |  |  |
| Increased awareness of our institution’s strengths |  |  |  |  |
| Increased awareness of the communities our institution serves |  |  |  |  |
| Increased awareness of the communities our institution hopes to serve |  |  |  |  |
| Increased awareness of standards our institution will abide by |  |  |  |  |
| Increased confidence and comfort with change |  |  |  |  |
| Improved our internal diversity, equity, access, and inclusion within board, staff, volunteers, and/or the facility |  |  |  |  |
| Gave support to staff goals and ideas |  |  |  |  |
| Improved our internal visibility, status, or value within the organization (or within a parent organization) |  |  |  |  |
| Increased our ability to notice and leverage opportunities (e.g., resources, tools, people, situations) for change |  |  |  |  |

Please share any additional examples of changes in the way your team views your museum due to the Museum Assessment Program.

### Regarding DEAI (Diversity, Equity, Accessibility & Inclusion), to what extent did your institution gain:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at All** | **Somewhat** | **Greatly** | **N/A; Not relevant for our MAP** |
| Awareness of successes |  |  |  |  |
| Awareness of its challenges |  |  |  |  |
| Ability to address challenges |  |  |  |  |

If somewhat or greatly above, please share any examples of DEAI growth in your institution.

**MAP Process: Operations**

*Please mark all that apply*

Please indicate the degree to which MAP changed the way you or your team conducts daily operations or practices:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at All** | **Somewhat** | **Greatly** | **N/A; Not relevant for our MAP** |
| Improved governance systems and/or engagement |  |  |  |  |
| Improved policy and procedures |  |  |  |  |
| Improved internal communication |  |  |  |  |
| Improved collections stewardship (e.g., policy, physical storage, staffing, funding) |  |  |  |  |
| Improved internal efficiency within operations or infrastructure |  |  |  |  |
| Improved our exhibits and/or programs |  |  |  |  |
| Improved our facilities |  |  |  |  |
| Improved our staffing (e.g., change position or job descriptions, change organizational chart, change salaries) |  |  |  |  |
| Increased our data collection and/or included regular review of our data |  |  |  |  |
| Improved human safety (e.g., reducing physical risk, security systems) |  |  |  |  |

Please share any additional examples of changes in the way your team conducts daily operations and practices due to the Museum Assessment Program.

**MAP Process: External audiences and partners**

*Please mark all that apply.*

## Please indicate the degree to which MAP changed the way you or your team thinks about or engages with external audiences and partners:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at All** | **Somewhat** | **Greatly** | **N/A; Not relevant for our MAP** |
| Improved current stakeholder engagement |  |  |  |  |
| Improved outreach to community members, potential partners, and potential stakeholders |  |  |  |  |
| Improved engagement with community members or potential partners and stakeholders |  |  |  |  |
| Increased partnerships with other entities to collaborate or work toward shared goals |  |  |  |  |
| Improved approach to marketing or membership |  |  |  |  |
| Improved online visitor experiences (e.g., website social media) |  |  |  |  |
| Improved visitor experience (e.g., exhibits, wayfinding, accessibility, gallery engagement) |  |  |  |  |
| Expanded diversity, equity, access, and inclusion within our partnerships stakeholders, and community |  |  |  |  |

Please share any additional examples of changes in the way your team thinks about external audiences and partners due to the Museum Assessment Program.

**MAP Process: Future plans**

For the following, please indicate the degree to which MAP changed the way you or your team plans for the future:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at All** | **Somewhat** | **Greatly** | **N/A; Not relevant for our MAP** |
| Improved our strategic planning and prioritizing |  |  |  |  |
| Improved our funding strategies |  |  |  |  |
| Improved our professional development and training opportunities for staff and/or volunteers |  |  |  |  |
| Advanced our work toward accreditation or reaccreditation |  |  |  |  |
| Encouraged us to do another Museum Assessment Program |  |  |  |  |
| Encouraged us to apply for Core Documents Verification |  |  |  |  |

Please share any additional examples of changes in the way your team plans for the future due to the Museum Assessment Program.

**Challenges and communication**

### \*Please indicate the degree to which your institution had difficulty with the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Great Difficulty** | **Some Difficulty** | **No Difficulty** |
| Devoting time to the MAP program |  |  |  |
| Participation from museum staff |  |  |  |
| Participation from museum’s governing authority |  |  |  |
| Director turnover |  |  |  |
| Staff turnover |  |  |  |
| Internal communication about results |  |  |  |
| Agreement on institutional priorities |  |  |  |
| Funding or resource availability |  |  |  |
| Site visit |  |  |  |

If you indicated “Great” or “Some” difficulty above, what resources could be offered to help institutions facing the same challenges in the future?

### \* Did you contact MAP staff during the process for assistance?

* No, I did not contact the MAP staff
* Yes, and my issue was not resolved
* Yes, and my issue was resolved

If your issue was not resolved, above, please describe your issue and what remains unresolved:

### \* Communication with each of the following was…

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Too Little** | **Just Right** | **Too Much** | **No Communication** |
| Your program officer |  |  |  |  |
| Peer reviewer(s) |  |  |  |  |

**Overall Experience with MAP**

### \* Please rate your overall experience with the MAP Program.

* Poor
* Fair
* Good
* Excellent
* Superior

### \* How likely is it that you would recommend the MAP Program you participated in to colleagues at other institutions?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0 (Not at all likely)** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10 (Very likely)** |
|  |  |  |  |  |  |  |  |  |  |  |

\* Please rate the value of each part of the MAP process:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not at all valuable** | **Somewhat valuable** | **Greatly valuable** |
| MAP Workbook |  |  |  |
| Site Visit with Peer Reviewer |  |  |  |
| Assessment Report |  |  |  |

Please share any examples related to your answers above and any recommendations for future programs:

### \* Looking forward, to what extent will each part of the MAP process likely help your institution in the long term?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not at all** | **Somewhat** | **Greatly** |
| MAP Workbook |  |  |  |
| Site Visit with Peer Reviewer |  |  |  |
| Assessment Report |  |  |  |

### \* For our institution, the MAP program…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Disagree |
| Helped us critically consider our institution’s operations and procedures |  |  |  |  |  |
| Enabled us to identify our strengths |  |  |  |  |  |
| Allowed us to discern challenges our institution faces |  |  |  |  |  |
| Identified ways to address challenges we face |  |  |  |  |  |
| Developed our confidence in our ability to make institutional change |  |  |  |  |  |
| Gave us a better understanding of standards and best practices in the museum field |  |  |  |  |  |
| Provided the staff and board a better understanding of their roles and responsibilities |  |  |  |  |  |
| Facilitated engagement with our governing body |  |  |  |  |  |
| Fostered internal communication or teamwork |  |  |  |  |  |

### \* In just a few words, please share the most important ways the MAP experience overall has changed or strengthened your institution.

\* Has your institution created or updated any of the following core documents because of your MAP participation?

*Check all that apply.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Created** | **Updated** | **Plans to create** | **Plans to update** | **No change planned** |
| Mission Statement |  |  |  |  |  |
| Institutional Plan |  |  |  |  |  |
| Code of Ethics |  |  |  |  |  |
| Collections Stewardship Plan |  |  |  |  |  |
| Disaster Plan |  |  |  |  |  |

### \* What resources or support can AAM offer to help your institution create or update these core documents?