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

**One-Year-Later Survey for Museums**

Thank you for participating in the Museum Assessment Program (MAP) last year!

We ask all institutions to complete a survey one year following their experience to understand the longer-term influence of participation in a MAP Assessment. Your feedback helps us understand where the program can improve, what aspects are most valuable, and provides useful information to report back to 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

**MAP Changes: 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 institutions identify, 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** |
| Awareness of its 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 Changes: Operations**

\* 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 risks, 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 Changes: External audiences and partners**

\* Please indicate the degree to which MAP helped change 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 Changes: Future plans**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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.

**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 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 in the year since completing the program:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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:

**Your Museum: One-Year Reflection**

\* In the year following the program, to what degree has your museum or institution experienced difficulty with the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Great Difficulty** | **Some Difficulty** | **No Difficulty** |
| Devoting time to changes suggested by the MAP program |  |  |  |
| Working within processes to implement changes |  |  |  |
| Involvement from museum staff |  |  |  |
| Taking initiative or ownership of changes |  |  |  |
| Involvement from the museum’s governing authority |  |  |  |
| Director turnover |  |  |  |
| Staff turnover |  |  |  |
| Internal communications about MAP recommendations |  |  |  |
| Agreement on institutional priorities |  |  |  |
| Funding or resource availability |  |  |  |

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

## \*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 changed 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?

**MAP Follow-Up Visit**

## When funds are available, MAP offers a consultative follow-up visit with the peer reviewer who conducted your initial assessment.

My institution…

* is considering applying for a follow-up.
* applied for a follow-up.
* participated in a follow-up.
* is not considering a follow-up.
* was unaware that a follow-up was an option.

Please explain the considerations that went into your institution's choice regarding a follow-up visit.

**Final Thoughts**

## One last thing-- we would love to hear about your progress from the past year!

Thinking back on the year since you finished the MAP process, describe an action, a mindset change, or a process improvement that you are particularly proud of achieving.

*Optional*

## If you have something you would like to discuss with your program officer, please provide your name and email address.

Name

Email address