

Post-Assessment Survey for Peer Reviewers

Thank you for conducting a Site Visit for the Museum Assessment Program (MAP).

We ask all peer reviewers to complete a survey following their site visit and completion of their assessment. Your feedback helps us understand where the program can improve, identify what aspects are most valuable, and gather useful information to report back to our funders and stakeholders.

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

(*Required)

About the institution

What is the name of the institution or museum you worked with for this MAP?

* Type of MAP Assessment

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

* What type of site visit did you have?

- Virtual
- On site
- Hybrid (combination of on site and virtual)

Before the visit

* In the past, for how many MAP assessments have you served as a peer reviewer:

- 0, this is my first MAP
- 1 prior assessment
- 2 prior assessments
- 3 prior assessments
- 4 prior assessments
- 5+ prior assessments

* Please rate the usefulness of the following resources in preparing for your visit:

	Not at all useful	Somewh at useful	Very useful	N/A; Did not use or did not receive
Peer review web resources				
Peer Review Portal				
Materials supplied by the museum				
MAP Workbook				

What additional resources or improvements could be made to better prepare peer reviewers for the site visit?

* Please rate the usefulness of the following resources in preparation for writing your Final MAP Report.

	Not at all useful	Somewh at useful	Very useful	N/A; Did not use or did not receive
Final Report Template				
Other Portal Resources or Articles				
MAP Workbook				
Materials supplied by the museum				

What additional resources or improvements could be made to better prepare peer reviewers for writing the Final Report?

* Please rate the usefulness of the joint museum team/reviewer activity from Part Two of the Workbook, or optional joint activity from MAP Portal.

	Not at all useful	Somewh at useful	Very useful	N/A; Did not use or did not receive
Usefulness for building rapport and				

facilitating engagement with museum				
Usefulness for increasing museum awareness and/or taking action on activity topic				
Usefulness to reviewer's understanding of institution				

What changes could be made to the joint activity to enhance its usefulness?

Your Assessment experience

* To what extent did you encounter difficulty with the following during your involvement with this Assessment?

	Great Difficulty	Some Difficulty	No Difficulty
Length of time to prepare			
Length of site visit			
Length of time to write the report			
Museum staff knowledgeability about subject matter			
Personal expertise and knowledge			
Relationships with or circumstances at the museum or institution I visited (e.g., issues with hiring/firing, ethics, internal politics)			
Communication with the institution			
Communication with MAP staff			

If you experienced some or great difficulty, or challenges not listed above, please describe:

* To what extent do you agree or disagree with the following statements as a result of conducting this Assessment?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

I gained information that will be helpful to <i>my</i> museum or institution.						
I gained information that helps me do <i>my</i> job.						
It made me feel good to help the participating institution.						
I value the opportunity to contribute to the field.						
I made valuable connections.						

Please share any stories of experiences within the assessment program that you, as a peer reviewer, found to be beneficial to your own professional growth or contributions to the field.

Please share anything that was surprising about your role as a peer reviewer. Were any of your duties or experience different from what you expected?

Final Thoughts

Optional

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

Name

Email address

Optional

Please share a testimonial to help advocate for the value of MAP and promote the program:

If you choose to share a testimonial, you are giving permission for its use in promotional materials.

Recommendation

Optional

Help us expand the MAP Peer Review Program!

Please recommend a professional you feel would be an excellent peer reviewer:

Individuals at the museum you worked with might be great candidates, too!

Name

Institution

Title

Email Address

Phone Number

Optional message for the person you recommended, above.

Please use this space to share your thoughts about the value of MAP for a peer reviewer and why you recommend the program to them.