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

**MAP Follow-Up Visit Survey for Peer Reviewers**

1. What type of Follow-Up Visit did you have?

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

2. Overall, how satisfied are you with the Follow-Up Visit?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very satisfied** | **Satisfied** | **Neither satisfied nor dissatisfied** | **Dissatisfied** | **Very dissatisfied** |
|  |  |  |  |  |

Comments (optional)

3. How would you describe the process for applying for a Follow-Up Visit?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very easy** | **Easy** | **Neither easy nor difficult** | **Difficult** | **Very difficult** |
|  |  |  |  |  |

Comments (optional)

4. In what ways did the Follow-Up Visit affect the ability of the museum to implement the recommendations in your original MAP Assessment? (Check all that apply.)

* Gave it more direction and general guidance to move ahead with my recommendations
* Helped it unpack my recommendations
* Motivated it to continue forward
* Helped it prioritize my recommendations
* Helped it plan strategically and/or operationally
* Gave it new strategies to apply/try
* Helped to complete/fulfill one or more of the recommendations
* Other (Please specify)

5. Please share any additional comments about the MAP Follow-Up Visit.