

Name of Program:

Program Date:

Date

Date

MM/DD/YYYY



1. Overall, I am satisfied with my students' group program experience (161)*.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

2. Is this your first time for your students to participate in this program (162)?

- Yes
- No

3. Overall, the program met its stated objective(s) (166).

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

4. Will you recommend this program to other educators (167)?

- Yes
- No

5. Overall, the facilitator was effective (168).

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

6. The audiovisual technologies were fully functioning (164).

Yes

No

7. How could this program be improved?

8. What topic(s) would you like to see addressed in the future?

How did you hear about the National Archives' distance learning programs (e.g. flyer or website)?

Numbers are for internal purposes only

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