We value your opinion.

Please take a few minutes to complete this evaluation. Your comments help us maintain the quality of our services and help us plan future programs.

Note all responses will be kept strictly confidential.

1. **Please provide us with the following information.**

Program title:

Presenter's name:

**Program date
[MM/DD/YYYY]:**

2. **Please rate the following items:**

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Basis to Answer
I learned something that will help me.	○	○	○	○	○
Handouts were useful.	○	○	○	○	○
The presenter was effective.	○	○	○	○	○
Overall, I was satisfied with the program.	○	○	○	○	○

3. **I will recommend this workshop to others.**

○ **Yes**

○ **No**

4. **Which one of the following categories best describes you . . .**

○ **General public**   ○ **Researcher**

○ **National Archives employee, student, volunteer, or docent**

○ **Other (please specify)**

5. **How did you hear about the program?**

6. **What topics would you like featured in future programs?**

7. **Do you have any general comments about the program?**

8. **How could this program be improved?**

9. **If you would like to discuss this program, OR would like us to contact you regarding upcoming programs, please contact the Research Services Know Your Records staff at KYR@nara.gov or 202-357-5260 or tell us how to get in touch with you.**

Name

Email