****

**CAP Participant Feedback Form**

Thank you for your participation in the CAP Program! The Foundation for Advancement in Conservation relies on your feedback to gain a better understanding of the impacts of CAP and to help us improve the program for future years. Please share your experience with us by completing this feedback form.

Only aggregate results will be shared outside of FAIC and IMLS staff. We thank you in advance for your feedback and appreciate any comments you may have.

**Name of Institution:**

Indicate your level of agreement with the following statements about the **CAP PROGRAM HANDBOOK**by marking the appropriate box:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Somewhat Agree** | **Neither Agree nor Disagree** | **Somewhat Disagree** | **Strongly Disagree** |
| The *CAP Program Handbook* prepared staff and board members for each step of the CAP process. |  |  |  |  |  |
| The *CAP Program Handbook* was easy to understand. |  |  |  |  |  |

What could we do to improve the CAP Program Handbook? (*optional*)

Did you participate in the live CAP Orientation webinar?

☐ Yes ☐ No

Did you view the recorded CAP Orientation webinar?

 ☐ Yes ☐ No

If yes to either question above, indicate your level of agreement with the following statements about the **CAP ORIENTATION WEBINAR**by marking the appropriate box:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Somewhat Agree** | **Neither Agree nor Disagree** | **Somewhat Disagree** | **Strongly Disagree** |
| The CAP Orientation webinar gave me a better understanding of the program process. |  |  |  |  |  |
| The CAP Orientation webinar provided tips that were not covered in the program website and CAP Handbook. |  |  |  |  |  |

What could we do to improve the CAP Orientation webinar? (*optional*)

Did you use the online CAP Participant Portal to track your progress throughout the program?

☐ Yes ☐ No

If yes, indicate your level of agreement with the following statements about the **CAP PARTICIPANT PORTAL** by marking the appropriate box:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Somewhat Agree** | **Neither Agree nor Disagree** | **Somewhat Disagree** | **Strongly Disagree** |
| The CAP Participant Portal helped our institution track the steps of the program. |  |  |  |  |  |
| The CAP Participant Portal was easy to navigate. |  |  |  |  |  |

What could we do to improve the CAP Participant Portal? (optional)

Indicate your level of agreement with the following statements about the **ASSESSOR SEARCH PROCESS** by marking the appropriate box:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Somewhat Agree** | **Neither Agree nor Disagree** | **Somewhat Disagree** | **Strongly Disagree** |
| The Approved Assessor List was a helpful tool in the assessor selection process. |  |  |  |  |  |
| Prospective assessors responded to emails and/or phone calls quickly during the search process. |  |  |  |  |  |
| Prospective assessors were able to discuss their expertise/experience as it related to my institution’s collections. |  |  |  |  |  |
| Prospective assessors promptly submitted proposals outlining the costs of an assessment. |  |  |  |  |  |

What factors did you consider when choosing assessors? *(Check all that apply.)*

🞐 Assessors’ expertise with specific museum collection type

🞐 Professional references in the Approved Assessor list

🞐 Location (proximity to your institution)

🞐 Recommendation from another assessor

🞐 Recommendation from another museum

🞐 My institution had a previous relationship with assessor

🞐 Assessors’ fee

🞐 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What could we do to improve the assessor search process? (*optional*)

Which staff and/or board members were involved in the CAP site visit?

☐ Board member(s)

☐ Director

☐ Management decision-maker (other than Director)

☐ Collections care staff

☐ Collections care volunteer

☐ Facilities/maintenance staff

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate your level of agreement with the following statements about the **SITE QUESTIONNAIRE** by marking the appropriate box:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Somewhat Agree** | **Neither Agree nor Disagree** | **Somewhat Disagree** | **Strongly Disagree** | **N/A** |
| The Site Questionnaire helped prepare us for the site visit. |  |  |  |  |  |  |

What could we do to improve the Site Questionnaire? (*optional*)

**In this section, you will be asked to individually rate each CAP assessor who visited your institution.**

**Assessor 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of assessor (select one):**

* Non-living collections
* Living collections
* Architectural

Indicate your level of agreement with the following statements about the **ASSESSOR 1** by marking the appropriate box:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Somewhat Agree** | **Neither Agree nor Disagree** | **Somewhat Disagree** | **Strongly Disagree** |
| The assessor was well prepared for the pre-visit call and onsite visit. |  |  |  |  |  |
| The assessor communicated well with staff and board members. |  |  |  |  |  |
| The assessor provided preliminary feedback on site. |  |  |  |  |  |
| The assessor provided rough and final drafts by the deadline dates in our contract. |  |  |  |  |  |
| The assessor’s report contained a prioritized list of recommendations. |  |  |  |  |  |

How could Assessor 1 have provided a better assessment? (*optional*)

Did you have a second assessor? ☐ Yes ☐ No

If yes, please complete the following information for Assessor 2.

**Assessor 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of assessor (select one):**

* Non-living collections
* Living collections
* Architectural

Indicate your level of agreement with the following statements about the **ASSESSOR 2** by marking the appropriate box:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Somewhat Agree** | **Neither Agree nor Disagree** | **Somewhat Disagree** | **Strongly Disagree** |
| The assessor was well prepared for the pre-visit call and onsite visit. |  |  |  |  |  |
| The assessor communicated well with staff and board members. |  |  |  |  |  |
| The assessor provided preliminary feedback on site. |  |  |  |  |  |
| The assessor provided rough and final drafts by the deadline dates in our contract. |  |  |  |  |  |
| The assessor’s report contained a prioritized list of recommendations. |  |  |  |  |  |

How could Assessor 2 have provided a better assessment? (*optional*)

Did you contact CAP staff at any time during the process? ☐ Yes ☐ No

If yes, how would you rate:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Exceeded Expectations** |  | **Met Expectations** |  | **Did Not Meet Expectations** |
|  | **5** | **4** | **3** | **2** | **1** |
| CAP staff’s ability to answer your questions. |  |  |  |  |  |

What could we have done to better answer your questions? (*optional*)

Overall, how would you rate:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Exceeded Expectations** |  | **Met Expectations** |  | **Did Not Meet Expectations** |
|  | **5** | **4** | **3** | **2** | **1** |
| Your experience with CAP. |  |  |  |  |  |
| The value of the final report to your institution.  |  |  |  |  |  |

What could we do to improve your overall experience? (*optional*)

Based on your CAP report, what are your organization’s top three priorities moving forward?

1.

2.

3.

Do you feel that the majority of the recommendations in the report are achievable?

☐ Yes ☐ No

Please explain:

Did your report include resources or guidance for achieving the report recommendations?

☐ Yes ☐ No

Please share the total number of hours paid and volunteer staff contributed to the CAP process. Include time for applying to the program, reading the CAP handbook and program materials, selecting assessors, completing the Site Questionnaire, participating in the pre-site visit call, preparing for site visit, participating in the site visit, reviewing the draft report, follow-up discussions with assessors, etc.

**[Skip this question if you have already submitted this information in the CAP Participant Portal.]**

|  |  |
| --- | --- |
| **Hours Contributed by Paid Staff****\_\_\_\_\_\_\_\_** | **Hours Contributed by Volunteers and Board Members****\_\_\_\_\_\_\_\_** |

What is the dollar value of the time investment by your PAID staff (if applicable) as quantified above? (For example, if your staff contributed a total of 100 hours and your staff is paid is $20 per hour, the value would be $2,000).

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What total cash expenses did your organization contribute to the CAP program? (For example, any amounts paid for assessor travel, assessor fees beyond the CAP allocation, meals, etc.).

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAIC provides learning opportunities on how CAP participants have leveraged their CAP reports to achieve additional goals and/or funding. Would you be interested in participating in an opportunity such as this?

☐ Yes ☐ No

Please share any ideas for webinar topics that might help you at this stage (optional).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_