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

**End-of-Program Survey for Museums**

## Thank you for participating in the Museum Assessment Program (MAP).

*If you have not yet reviewed your Final MAP Report, please do so and return to this survey when you are ready*.

As part of the program, we ask all institutions to complete a survey at the end of the program and one year following their experience. Your feedback helps us understand where the program can improve, what aspects are most valuable, and provides useful information to share with our funders and stakeholders.

To be eligible to apply for a MAP Implementation Stipend, this survey must be submitted on behalf of the institution.

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

(\*Required)

**About your Institution**

### \*What is the name of your institution?

### *Please note: we only ask for the name to confirm completion of the survey.*

\* Type of MAP Assessment

* Organizational
* Collections Stewardship
* Education and Interpretation
* Community and Audience Engagement

Approximately, collectively how many hours a week did the institution spend on the MAP process?

**The WORKBOOK**

## \* Thinking about the MAP Workbook, please indicate your agreement with the following statements:

|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- |
| The MAP Workbook had educational value for my institution. |  |  |  |  |  |
| The MAP Workbook helped us discuss important institutional priorities. |  |  |  |  |  |
| The MAP Workbook helped us make a change or take action. |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No Difficulty** | **Some Difficulty** | **Great Difficulty** |  |
| Finding time to complete the workbook |  |  |  |  |
| Dividing tasks among colleagues |  |  |  |  |
| Getting buy-in or support from leadership to complete the MAP workbook |  |  |  |  |
| Aligning activities or workbook to our institutional priorities |  |  |  |  |
| Finding answers to the questions asked and/or locating resources |  |  |  |  |
| Using or filling in the MAP Workbook (e.g., format, navigation) |  |  |  |  |

If said some or great difficulty for any of these, what could have helped to reduce these issues?

## \* Thinking about the Activities included in the MAP Workbook, please rate the following statements:

|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- |
| Activity instructions were clear and easy to follow. |  |  |  |  |  |
| Activities were achievable within the timeframe provided. |  |  |  |  |  |
| Activities helped us discuss important institutional priorities. |  |  |  |  |  |
| Activities helped us make a change or take action. |  |  |  |  |  |

The Workbook Activity that helped our museum the most was:

\* Please share the greatest benefit(s) of the MAP Workbook experience for your institution's staff and/or governing authority:

*Optional*

## Please share any additional recommendations or comments about the MAP Workbook(itself or the experience completing it):

**The SITE VISIT**

## \* Please rate your overall experience with the site visit:

## Poor

## Fair

## Good

## Excellent

## Superior

## If you said poor or fair, explain why:

## As a result of the site visit, to what extent did your institution...?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at All** | **Somewhat** | **Mostly** | **Greatly** |
| Gain perspective by seeing itself through an outsider’s lens |  |  |  |  |
| Gain awareness of changes to be made |  |  |  |  |
| Discuss topics that were previously off-limits or uncomfortable |  |  |  |  |
| Demonstrate commitment to making changes |  |  |  |  |
| Make adjustments to day-to-day operations or approach |  |  |  |  |

Please share any examples of these or other gains made by your institution due to the site visit:

**The PEER REVIEWER**

*(If you had more than one Peer Reviewer, please rate them collectively.)*

## \* To what extent did/was your Peer Reviewer...?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at All** | **Somewhat** | **Mostly** | **Greatly** |
| Have a good understanding of your institution’s goals and objectives for participating in MAP |  |  |  |  |
| Familiar with the your MAP materials (e.g., MAP Workbook) |  |  |  |  |
| Well prepared |  |  |  |  |
| Clearly explain their role and expectations for the visit |  |  |  |  |
| Thoughtfully ask questions or gather information |  |  |  |  |
| A good match for your institution |  |  |  |  |

## \* To what extent was your Peer Reviewer...?

*(If you had more than one Peer Reviewer, please rate them collectively).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at All** | **Somewhat** | **Mostly** | **Greatly** |
| Easy to communicate with |  |  |  |  |
| An adept listener |  |  |  |  |
| Respectful of staff and governing authority |  |  |  |  |
| Helpful in identifying a path to your goals |  |  |  |  |
| Supportive and collegial |  |  |  |  |

Please share any additional comments about your Peer Reviewer or the site visit experience.

### **The FINAL REPORT (from the Peer Reviewer)**

### \* Which aspects of your report were especially helpful in making immediate changes or helping with long-term planning?

\*Is there anything that would have made your final MAP report better/more useful?

**MAP Process: Institutional Well-Being**

## \* Please indicate the degree to which MAP did the following for your institution…

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at All | Somewhat | Greatly | N/A; Not relevant for our MAP |
| Served as a professional development opportunity for staff/governing authority/volunteers |  |  |  |  |
| Helped us critically consider our institution’s operations and procedures |  |  |  |  |
| Enabled us to identify our strengths |  |  |  |  |
| Allowed us to identify challenges our institution faces |  |  |  |  |
| Identified ways to address challenges we face |  |  |  |  |
| Developed our confidence in our ability to make institutional change |  |  |  |  |
| Gave us a better understanding of standards and professional practices in the museum field |  |  |  |  |
| Provided the staff and governing authority a better understanding of their roles and responsibilities |  |  |  |  |
| Facilitated engagement with our governing body |  |  |  |  |
| Fostered internal communication or teamwork |  |  |  |  |

Please share any additional examples of how MAP impacted the institution’s well-being.

### \*Regarding DEAI (Diversity, Equity, Accessibility & Inclusion), to what extent did your institution gain:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at All** | **Somewhat** | **Greatly** | **N/A; Not relevant for our MAP** |
| Awareness of successes |  |  |  |  |
| Awareness of its challenges |  |  |  |  |
| Ability to address challenges |  |  |  |  |

Please share any examples of DEAI growth in your institution due to MAP.

**MAP Process: Operations**

\*Please indicate the degree to which MAP improved the following:

|  | **Not at All** | **Somewhat** | **Greatly** | **N/A; Not relevant for our MAP** |
| --- | --- | --- | --- | --- |
| Increased awareness of our institution’s identity, role, and/or mission |  |  |  |  |
| Improved governance structure and/or engagement |  |  |  |  |
| Improved policy and procedures |  |  |  |  |
| Improved collections stewardship (e.g., policy, physical storage, staffing, funding) |  |  |  |  |
| Improved internal efficiency within operations or infrastructure |  |  |  |  |
| Improved our exhibits and/or programs |  |  |  |  |
| Improved our facilities |  |  |  |  |
| Improved our staffing structure and/or management (e.g., change to positions or job descriptions, reporting lines, salaries) |  |  |  |  |
| Increased our data collection and/or included regular review of our data |  |  |  |  |
| Improved human safety (e.g., reducing physical risk, security systems) |  |  |  |  |
| Improved financial management/oversight |  |  |  |  |
| Improved strategic planning and prioritizing |  |  |  |  |
| Improved funding strategies and /or positioning for funding |  |  |  |  |

Please share any additional examples of how MAP positively impacted operations.

**MAP Process: Skill Building**

\*On a scale of 1-5, please rate the extent to which MAP helped build staff (paid or unpaid) skill sets or professional capacity?

1= Not at all (no development/growth)

2

3= Somewhat

4

5 = Greatly

\*On a scale of 1-5, please rate the extent to which MAP has helped build the governing authority members’ skill sets or professional capacity?

1= Not at all (no development/growth)

2

3= Somewhat

4

5 = Greatly

\*What skill sets or areas/types of growth in professional capacity were most gained through the MAP process?

**MAP Process: External audiences and partners**

## \*Please indicate the degree to which MAP improved the following:

|  | **Not at All** | **Somewhat** | **Greatly** | **N/A; Not relevant for our MAP** |
| --- | --- | --- | --- | --- |
| Improved engagement with community members or potential partners and stakeholders |  |  |  |  |
| Increased partnerships with other entities to collaborate or work toward shared goals |  |  |  |  |
| Improved approach to marketing or membership |  |  |  |  |
| Improved online visitor experiences (e.g., website, social media) |  |  |  |  |
| Improved visitor experience (e.g., exhibits, wayfinding, accessibility, gallery engagement) |  |  |  |  |

Please share any additional examples of how your museum improved its efforts with external audiences and partners due to MAP

**MAP Process: Future plans**

\*Please indicate the degree to which MAP has contributed to the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at All** | **Somewhat** | **Greatly** | **N/A; Not relevant for our MAP** |
| Advanced our work toward accreditation or reaccreditation |  |  |  |  |
| Encouraged us to do another assessment program (Museum Assessment Program, STEPS, CAP) |  |  |  |  |
| Encouraged us to apply for Core Documents Verification |  |  |  |  |

\* Has your institution created or updated any of the following core documents because of your MAP participation?

*Check all that apply.*

|  | **Created** | **Updated** | **Plans to create** | **Plans to update** | **No change planned** |
| --- | --- | --- | --- | --- | --- |
| Mission Statement |  |  |  |  |  |
| Strategic Institutional Plan |  |  |  |  |  |
| Code of Ethics |  |  |  |  |  |
| Collections Management Policy |  |  |  |  |  |
| Disaster Preparedness and Emergency Response Plan |  |  |  |  |  |

**Challenges**

### \*Did any of the following make participating in MAP difficult?

### Devoting time to the MAP process

### Participation from museum staff

### Participation from museum’s governing authority

### Director turnover

### Staff turnover

### Internal communication about results

### Agreement on institutional priorities

### Funding or resources

### Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you checked off any item in this list, what resources or process changes could MAP implement to help future participants facing the same challenges?

**OVERALL**

**Overall Experience with MAP**

### \* Please rate your overall experience with the MAP Program.

* Poor
* Fair
* Good
* Excellent
* Superior

## If you said poor or fair, explain why:

### \* How likely is it that you would recommend MAP to colleagues at other institutions?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0 (Not at all likely)** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10 (Very likely)** |
|  |  |  |  |  |  |  |  |  |  |  |

### \* In just a few words, please share the most important way the MAP experience overall has changed or strengthened your institution.