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

**One-Year-Later Survey for Museums**

We ask all institutions to complete a survey one year following their experience to understand the longer-term influence of participation in a MAP Assessment. It often takes a year to really digest and begin to implement the results of the process, and to see and realize the effects of the process. So, we will ask you some similar questions to the end-of-process survey.

(\*Required)

**About your institution**

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

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

\* Type of MAP Assessment

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

**MAP Changes: Institutional Well-Being**

Please indicate the degree to which MAP and its results (the completed Workbook, final report, etc.) helped the institution in the following ways over the last year:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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 |  |  |  |  |

**MAP Changes: Operations**

\* Please indicate the degree to which MAP and its results (the completed Workbook, final report, etc.) helped the institution improve the following over the last year:

|  | **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 understanding of DEAI (diversity, equity, accessibility, and inclusion) and how to address challenges |  |  |  |  |
| 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 risks, security systems) |  |  |  |  |
| Improved financial management/oversight |  |  |  |  |
| Improved strategic planning and prioritizing |  |  |  |  |
| Improved funding strategies and /or positioning for funding |  |  |  |  |

Please share any additional examples how MAP positively impacted operations in year since your museum completed the process.

**MAP Changes: 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 have been most developed in the past year?

**MAP Changes: External audiences and partners**

\* Please indicate the degree to which MAP and its results (the completed Workbook, final report, etc.) helped the museum improve the following over the past year:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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 the Museum Assessment Program.

**Challenges**

\* In the year following the completion of MAP, to what degree has your museum or institution experienced difficulty with the following when it comes to continuing the momentum created by MAP and/or implementing changes and recommendations that came out of the process:

|  | **Great Difficulty** | **Some Difficulty** | **No Difficulty** |
| --- | --- | --- | --- |
| Bandwidth – overall staff or board time and capacity |  |  |  |
| Working within processes/systems to implement changes |  |  |  |
| Involvement/interest from museum staff |  |  |  |
| Taking initiative or ownership of changes |  |  |  |
| Involvement/interest from the museum’s governing authority |  |  |  |
| Director turnover |  |  |  |
| Staff turnover |  |  |  |
| Agreement on priorities |  |  |  |
| Funding or resource availability |  |  |  |

List any other barriers.

## **Core Documents**

\*Has your institution changed any of the following core documents in the last year?

*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 |  |  |  |  |  |
| Emergency Preparedness / Disaster Response Plan |  |  |  |  |  |

**Final Thoughts**

\*Thinking back on the year since you finished the MAP process, describe an action, a mindset change, or a process improvement that you are particularly proud of achieving.