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

**Post-Assessment Survey for Peer Reviewers**

Thank you for conducting a Site Visit for the Museum Assessment Program (MAP).

We ask all peer reviewers to complete a survey following their site visit and completion of their assessment. Your feedback helps us understand where the program can improve, identify what aspects are most valuable, and gather useful information to report back to our funders and stakeholders.

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

(\*Required)

**About the institution**

## What is the name of the institution or museum you worked with for this MAP?

## \* Type of MAP Assessment

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

## \* What type of site visit did you have?

## On site

## Hybrid (combination of on site and virtual)

**Before the visit**

\* In the past, for how many MAP assessments have you served as a peer reviewer:

* 0, this is my first MAP
* 1 prior assessment
* 2 prior assessments
* 3 prior assessments
* 4 prior assessments
* 5+ prior assessments

\* Please rate the usefulness of the following resources in preparing for your visit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all useful** | **Somewhat useful** | **Very useful** | **N/A; Did not use or did not receive** |
| Peer Reviewer web resources |  |  |  |  |
| Peer Reviewer Portal |  |  |  |  |
| Materials supplied by the museum |  |  |  |  |
| MAP Workbook |  |  |  |  |

What additional resources or improvements could be made to better prepare peer reviewers for the site visit?

## \* Please rate the usefulness of the following resources in preparation for writing your Final MAP Report.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all useful** | **Somewhat useful** | **Very useful** | **N/A; Did not use or did not receive** |
| Final Report Template |  |  |  |  |
| Other Portal Resources or Articles |  |  |  |  |
| MAP Workbook |  |  |  |  |
| Materials supplied by the museum |  |  |  |  |

What additional resources or improvements could be made to better prepare peer reviewers for writing the Final Report?

## \* Please rate the usefulness of the joint museum team/reviewer activity from Part Two of the Workbook, or optional joint activity from MAP Portal.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all useful** | **Somewhat useful** | **Very useful** | **N/A; Did not use or did not receive** |
| Usefulness for building rapport and facilitating engagement with museum |  |  |  |  |
| Usefulness for increasing museum awareness and/or taking action on activity topic |  |  |  |  |
| Usefulness to reviewer’s understanding of institution |  |  |  |  |

What changes could be made to the joint activity to enhance its usefulness?

**Your Assessment Experience**

## \* Approximately how many hours did you spend on each part of the MAP process?

## Preparing for the site visit:

## Site visit:

## Follow up and writing the report:

## \* To what extent did you encounter difficulty with the following during your involvement with this Assessment?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Great Difficulty** | **Some Difficulty** | **No Difficulty** |
| Length of time to prepare |  |  |  |
| Length of site visit |  |  |  |
| Length of time to write the report |  |  |  |
| Museum staff knowledgeability about subject matter |  |  |  |
| Relationships with or circumstances at the museum or institution I visited (e.g., issues with hiring/firing, ethics, internal politics) |  |  |  |
| Communication with the institution |  |  |  |
| Communication with MAP staff |  |  |  |

If you experienced some or great difficulty, or challenges not listed above, please describe:

## \* To what extent do you agree or disagree with the following statements as a result of conducting this Assessment?

|  | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **N/A** |
| --- | --- | --- | --- | --- | --- | --- |
| I gained information that will be helpful to *my* museum or institution. |  |  |  |  |  |  |
| I gained information that helps me do *my* job. |  |  |  |  |  |  |
| It made me feel good to help the participating institution. |  |  |  |  |  |  |
| I value the opportunity to contribute to the field. |  |  |  |  |  |  |
| I made valuable connections. |  |  |  |  |  |  |

## Please share any stories of experiences within the assessment program that you, as a peer reviewer, found to be beneficial to your own professional growth or contributions to the field.

## Please share anything that was surprising about your role as a peer reviewer. Were any of your duties or experience different from what you expected?

**Final Thoughts**

*Optional*

## Please share a testimonial to help advocate for the value of MAP and promote the program:

*If you choose to share a testimonial, you are giving permission for its use in promotional materials.*

**Recommendation**

*Optional*

**Help us expand the MAP Peer Review Program!**

## Please recommend a professional you feel would be an excellent peer reviewer:

*Individuals at the museum you worked with might be great candidates, too!*

Name

Institution

Title

Email Address

Phone Number

*Optional message for the person you recommended, above.*

## Please use this space to share your thoughts about the value of MAP for a peer reviewer and why you recommend the program to them.