

## **Evaluation Form for Surveyors**

### **Museum Assessment Program**

Please complete and return this evaluation no more than **six weeks** following the receipt of your honorarium.

Name:  
Title:  
Your Institution:  
E-mail:

Name of Museum Visited:

Type of Assessment:  
 Collections Management Assessment  
 Governance Assessment  
 Institutional Assessment  
 Public Dimension Assessment

Name of Surveyor Team Member (if applicable):  
Date of Visit:

**The purpose of this evaluation form is to assist the MAP office in the following:**

- **To evaluate your experience,**
- **To help us improve the program,**
- **To determine whether we are clearly communicating expectations, and**
- **To keep our contact information for you up-to-date.**

Was this your first MAP assessment? (Yes/No)

### **The “Match” Process**

1. How much time passed between the date that you received your confirmation letter for the assessment and when the museum (or Surveyor Team member, if appropriate) contacted you?

Did you have to make the initial contact? (Yes/No)

2. Please list any suggestions you have for improving the “match” process:

### **Pre-Visit**

3. Did you receive the material needed to prepare for the site visit in a timely manner
  - ◆ from the MAP office (completed *Self-Study* and application)? (Yes/No)
  - ◆ from the museum (supplemental documentation)? (Yes/No)

Comments:

4. Was the information you received sufficient for you to prepare effectively for the site visit? (Yes/No)

If no, explain:

5. AAM provides a number of resources to assist Surveyors in their work. Please rate the usefulness of the following:  
1 = Excellent 2 = Good 3 = Fair 4 = Poor 5 = Not Used

Peer Reviewer Manual:

Peer Reviewer Website resources:

*NEWStandard:*

What additional resources would be helpful to you in the future?

6. How many hours did you spend preparing for the site visit?

### **The Visit**

7. Did you have the opportunity to work with your museum contact (and Surveyor Team member, if appropriate) to design the agenda that was used during your visit? (Yes/No)

8. Did the agenda for the site visit allow you to get the information you needed? (Yes/No)  
If no, what should have been different?

9. How closely did the Site Visit Agenda follow the sample agenda in the Peer Reviewer Manual?
- Exactly
  - Very Closely
  - Somewhat
  - Not at all

10. What went well with your site visit?

11. What do you wish had gone differently with your site visit?

12. How many days and nights did you spend on the site visit?

## **The Report**

13. Did you use the Critical Issues Checklist found in the Peer Reviewer Manual and Peer Reviewer Website when preparing the Assessment Report? (Yes/No)  
If yes, a) as an outline for the layout of the report? (Yes/No)  
b) to guide the content of the report? (Yes/No)  
Was there anything that did not fit the Checklist? (Yes/No)  
If yes, please describe:
14. What obstacles, if any, did you encounter in writing the final report? (Mark all that apply)  
 None  
 Not enough time  
 Unusual circumstances at museum  
 Lack of knowledge on subject matter  
 Other:
15. Approximately how many hours did you spend writing the final report?

## **Overall Experience**

16. How would you characterize the museum's involvement in the MAP process?  
1 = Very Involved 2 = Somewhat Involved 3 = Not Involved 4 = NA

Director/CEO:

Staff:

Board:

Community:

17. Do you feel you had the appropriate experience/background to conduct this assessment? (Yes/No)  
Comment:

18. How do you rate your overall experience with this assessment?  
 Excellent  
 Very Good  
 Good  
 Fair  
 Poor  
 Unacceptable

19. What benefits did you derive from conducting this assessment?

20. What problems/concerns, if any, did you encounter conducting this assessment (including preparation, arranging the visit, the visit, and writing the report)?

21. Did you have any out-of-pocket expenses that were not reimbursed? (Yes/No)  
If yes, please describe and tell us the amount:

22. Do you feel there was clear and consistent lines of communication open at all times  
◆ between you and the MAP office? (Yes/No)  
◆ between you and the museum? (Yes/No)  
◆ between you and the Surveyor Team member? (Yes/No/NA)

If no to any of the above, please explain:

23. Do you feel that your expectations and those of the MAP office and the museum were in alignment?  
◆ with the MAP office? (Yes/No)  
◆ with the museum? (Yes/No)

Comment:

24. The MAP staff was:  
 Very Helpful  
 Helpful  
 Somewhat Helpful  
 Not Helpful  
 Not Applicable  
Comments:

25. Would you be interested in remaining in contact with the museum? (Yes/No)

26. What changes, if any, do you suggest in the MAP process?

## CONFIDENTIAL

We realize that sometimes there is feedback that Surveyors would rather not have shared with anyone outside of AAM staff. However, this information may be important for AAM staff so we may better serve future participants. In the following space, please share with AAM anything regarding this experience that you would like us to treat confidentially.

Please recommend professionals you feel would be excellent peer reviewers\*:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

\* Keep in mind those individuals you came into contact with at the museum you visited.

**Thank you for providing such an important service to the museum community.  
Please return this evaluation to:**

**Museum Assessment Program  
American Association of Museums  
1575 Eye Street, N.W., Suite 400  
Washington, DC 20005**

**FAX to (202) 289-6578**

**or send as an e-mail attachment to [map@aam-us.org](mailto:map@aam-us.org)**