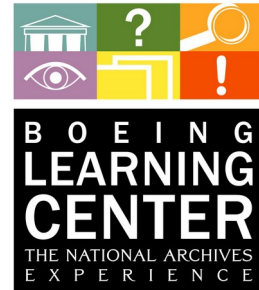




NATIONAL  
ARCHIVES



**Location:** National Archives, Washington, DC

**Date:** Day of wk, Mo., Date, 20xx

**Instructions:** Please tell us about your experience today by *circling* your answer in this survey. We appreciate your feedback, and we assure you this valuable information will go to improving future public outreach projects and programs for the National Archives. Please turn-in your completed survey in the designated area or return to a staff member. Thank you for helping us serve you better.

1.	<b>Overall, I am satisfied with my education program experience today.</b>			
	Strongly Agree	Agree	Disagree	Strongly Disagree
2.	<b>Is this your first education program at the National Archives in Washington, DC?</b>			
	Yes		No	
3.	<b>How did you learn about the Constitution-in-Action Learning Lab?</b>			
	Brochure or flyer	Calendar of Events	Magazine	
	Newsletter	Newspaper	Professional publication	
	Promotional signs	Radio or Television	Social media (Facebook® or Twitter®)	
	Teacher Conference	Website	Word of mouth or personal recommendation	
	Other:			
4.	<b>The registration process was user-friendly.</b>			
	Yes		No	
5.	<b>What were your main objectives for participating in this program?</b>			

**PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT:** You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Public burden reporting for this collection of information is estimated to be less than 5 minutes per response. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (ISSD), 8601 Adelphi Rd, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.**

6.	<b>The content of the program was presented in an age appropriate manner.</b>	
	Yes	No
7.	<b>The teaching techniques used engaged my students.</b>	
	Yes	No
8.	<b>Will you recommend this program to other educators?</b>	
	Yes	No
9.	<b>The program meets my students' needs.</b>	
	Yes	No
10.	<b>How does this program fit into your curriculum?</b>	
11.	<b>Will you recommend this program to other educators?</b>	
	Yes	No
12.	<b>The facilitator encouraged participation.</b>	
	Yes	No
13.	<b>The facilitator kept the participants focused.</b>	
	Yes	No
14.	<b>Additional Comment(s):</b>	
15.	<b>Please leave a preferred email address, if you would like to receive information about upcoming events:</b>	