

# Extension Videotape Evaluation Form

## "Integrated Pest Management for Museums"



Your confidential responses to this evaluation help us improve the programs and educational materials offered by Montana State University Extension.

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Please identify yourself. (*Select all that apply*)

- Museum director    Museum staff    Museum volunteer  
 other (please list) \_\_\_\_\_

How many individuals will view this copy of the video/DVD? \_\_\_\_\_

**In the sections below, please circle the number that best corresponds to your response to each statement.**

**After viewing "Integrated Pest Management for Museums,"**

1 = I agree strongly.      2 = I agree.      3 = Not necessarily.      4 = I do not agree.

1. I am more aware of problems caused by insects in museums.	1	2	3	4
2. I understand the importance of monitoring insects.	1	2	3	4
3. I learned techniques for monitoring insects.	1	2	3	4
4. I know how to send insect specimens for identification.	1	2	3	4
5. I learned practical techniques for reducing insect infestations.	1	2	3	4
6. I am better prepared to preserve valuable exhibits.	1	2	3	4
7. I expect to save money by using IPM techniques	1	2	3	4

**As a result of watching the video, WILL YOU**

1 = I will start.      2 = I will do more often.      3 = I will do and will encourage others to do.      4 = I will NOT do.

8. Start an insect monitoring program?	1	2	3	4
9. Submit insects for identification?	1	2	3	4
10. Use IPM techniques to exclude or eliminate insect pests?	1	2	3	4

**Please comment:**

1. Did you watch the entire video/DVD?  Yes  No (*if no, please briefly note why not*) \_\_\_\_\_

2. What was the most important information or skill that you learned from the video/DVD? \_\_\_\_\_

3. What information would you like that was not covered in the video/DVD? \_\_\_\_\_

4. Please comment freely on the video/DVD and tell us how it could be improved. \_\_\_\_\_

5. If you received an IPM for Museums Starter Kit, please comment on how useful it has been (or will be) to your museum. \_\_\_\_\_

*Thank you for your assistance!*  
**Please send this form to:**

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 Schutter Diagnostics  
 119 Ag Bioscience Facility  
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